

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90361 005 ***158.75

FORM 1000 1/01

DOCUMENT # P01000005734
 1. Entity Name
ALBERT JAMES ENTERPRISES, INC.

Principal Place of Business Mailing Address
21921 CARSON DR. **21921 CARSON DR.**
LAND O LAKES FL 34639 **LAND O LAKES FL 34639**

2. Principal Place of Business 3. Mailing Address
3715 US HWY 19 Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
NEW PORT RICHEY, FL
 Zip Country Zip Country
34652 **FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3696039 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANTANA, LAURIE
21921 CARSON DR.
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SANTANA, LAURIE
STREET ADDRESS	21921 CARSON DR.
CITY-ST-ZIP	LAND O LAKES FL 34639
TITLE	V <input type="checkbox"/> Delete
NAME	SEELEY, CATHERINE
STREET ADDRESS	21921 CARSON DR.
CITY-ST-ZIP	LAND O LAKES FL 34639
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CHILDERS, LISA
CITY-ST-ZIP	3523 SHERYL HILL DR
	HOLIDAY, FL 34691
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: *Laurie Santana* **S-1-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)