

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90231 006 \*\*\*150.00

**DOCUMENT # P01000068225**

1. Entity Name

**C J CORP. OF THE GULF COAST**

Principal Place of Business

**7110 SONATA AVE.  
HOMOSASSA FL 34446**

Mailing Address

**7110 SONATA AVE.  
HOMOSASSA FL 34446**

2. Principal Place of Business

**Trail 3805 W. Homosassa**  
Suite, Apt. #, etc.

3. Mailing Address

**Trail 3805 W. Homosassa**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Lecanto FL**

City & State

**Lecanto FL**

4. FEI Number

**59-3734102**

Applied For

Not Applicable

Zip

**34461**

Country

**USA**

Zip

**34461**

Country

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ASHCOFF, CALVIN  
7110 SONATA AVE.  
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name **Aschoff, Calvin**  
Street Address (P.O. Box Number is Not Acceptable) **9341 W. Turnberry Loop**  
City **Crystal River** State **FL** Zip Code **34429**

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 last if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/02**

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 **D** ☐ Delete  
NAME **ASCHOFF, CALVIN**  
STREET ADDRESS **7110 SONATA AVE.**  
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Aschoff, Calvin**  
STREET ADDRESS **9341 W. Turnberry Loop**  
CITY-ST-ZIP **Crystal River, FL 34429**

TITLE **S/T** ☐ Change ☒ Addition  
NAME **Patricia Gruis**  
STREET ADDRESS **6005 S. Gray Oak Terrace**  
CITY-ST-ZIP **Lecanto, FL 34461**

TITLE **D** ☐ Change ☒ Addition  
NAME **Jill Aschoff**  
STREET ADDRESS **9341 W. Turnberry Loop**  
CITY-ST-ZIP **Crystal River, FL 34429**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Calvin Aschoff**  
**4/29/02 352-746-4909**

Date

Daytime Phone

CR2E034 (9/01)