

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91614 014 \*\*\*150.00

**DOCUMENT # P01000070805**

1. Entity Name

JC & AJ ENTERPRISES INC.

Principal Place of Business

P.O. BOX 1151  
 BOCA RATON FL 33429

Mailing Address

P.O. BOX 1151  
 BOCA RATON FL 33429

2. Principal Place of Business

P.O. Box 1151  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1151  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 BOCA RATON, FL

City & State  
 BOCA RATON, FL

4. FEI Number  
 65-1122088

Applied For  
 Not Applicable

Zip  
 33429

Country  
 PALM BEACH

Zip  
 33429

Country  
 PALM BEACH

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH ST #200  
 MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

Name: SANDRA Lynch-Meyer

Street Address (P.O. Box Number is Not Acceptable)

7930 NOLTING COURT

City LAKE WORTH

FL

Zip Code 33467

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: SANDRA LYNCH-MEYER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/20/02

☒ 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  
 NAME MEYER, SANDRA L  
 STREET ADDRESS P.O. BOX 1151  
 CITY-ST-ZIP BOCA RATON FL 33429 ☐ Delete

TITLE D  
 NAME MEYER, JOHN  
 STREET ADDRESS P.O. BOX 1151  
 CITY-ST-ZIP BOCA RATON FL 33429 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: SANDRA LYNCH-MEYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

361-432-1806

CR2E034 (9/01)