

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-01-2002 90069 037 ***150.00

DOCUMENT # P01000080215

1. Entry Name
AJ SYSTEMS, INC.

Principal Place of Business Mailing Address
~~3660 NE 18TH TERRACE, STE. 204~~ ~~3660 NE 18TH TERRACE, STE. 204~~
~~POMPANO BEACH FL 33064~~ ~~POMPANO BEACH FL 33064~~

22081



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
9081 LIME BAY BLVD **9081 LIME BAY BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
311 **311**

City & State City & State 4. FEI Number Applied For
TAMARAC FL **TAMARAC FL** **05-1136495** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33321 **BIRWOOD** **33321** **BIRWOOD** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
PERRY, JACK **9081 LIME BAY BLVD**
~~3660 NE 18TH TERRACE, STE. 204~~ **# 311**
~~POMPANO BEACH FL 33064~~ **TAMARAC, FL 33321** **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]* DATE 3-6-02
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, PRES, SEC. TREASURER <input type="checkbox"/> Delete PERRY, JACK 9081 LIME BAY BLVD., STE. 311 TAMARAC FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **PRESIDENT** **952**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1-9-02 295-1059

CR2E034 (9/01)