

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90186 031 ***150.00

DOCUMENT # P02000046989

1. Entity Name
A.J.E. ENTERPRISES, INC.



Principal Place of Business
**1407 NE 56TH ST #306
FT LAUDERDALE, FL 33334**

Mailing Address
**1407 NE 56TH ST #306
FT LAUDERDALE, FL 33334**

2. Principal Place of Business
6182 Laurel Lane
Suite, Apt. #, etc.
C

3. Mailing Address
6182 Laurel Lane
Suite, Apt. #, etc.
C

City & State
Tamarac FL

City & State
Tamarac FL

4. FEI Number
75-3057978

Applied For
Not Applicable

Zip
33319 Country
USA

Zip
33319 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ENRIGHT, ANDREW
1407 NE 56TH ST #306
FT LAUDERDALE, FL 33334**

7. Name and Address of New Registered Agent

Name **Andrew Enright**
Street Address (P.O. Box Number is Not Acceptable)
6182 Laurel Lane
Unit # C
City **Tamarac** **FL** Zip Code **33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Andrew Enright

4/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	ENRIGHT, ANDREW
STREET ADDRESS	1407 NE 56TH ST #306
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Enright Andrew
STREET ADDRESS	6182-C Laurel Lane
CITY-ST-ZIP	Tamarac FL 33319
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Enright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

(954) 914-5543

Date

Daytime Phone #

CR2E034 (10/02)