2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000082758 **DOCUMENT #**

1. Entity Name

AJS COMMUNICATIONS, INC.



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90208 012 ***150.00

NORTH FORT MYERS FL 39917 NORTH FORT MYERS RL 39917 Suite, Apt. #. etc. G. Check Here is MAKING C-HANGES Suite, Apt. #. etc. G. Check Here is MAKING C-HANGES Zip Country Zip Country Zip Country S. Certificate of Status Deared North Fore Applicable Re Required Re Required Recognition Recognition Recognition Recognition Recognition Recognition Recognition Recognition Recognition Registered Agent North Here above remed only submits this statement for this purpose of changing as registered dispersed of the property of the obligations of registered dispersed Recognition						O WE)						
Suite, Apt. #, etc Suite, Ap	Principal Place of Business 20101 WELLBORN ROAD NORTH FORT MYERS FL 33917		Mailing Address -20101-WELLBORN-ROAD				A					
City & State Country Source Address of Current Registered Agent For Foquinds Street Address of Status Dosined Sa. 75 Addrinoral For Foquinds For Foquinds For Foquinds For Foquinds To Rame and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL	2. Principal Pla	ace of Business	3. Mailing Address					0			FOT OUF OUE	
Second S	Suite, Apt. #	f, elc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
Second S	City & State		City & State				4.	4. FEI Number 6 2141 6 Applied For Not Applicable				
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Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL City City FL C	 .	6. Name and Address of Current I	Registere	tered Agent			7.	7. Name and Address of New Registered Agent				
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NORTH FORT MYERS FL 33917 City FL Zip Code				Street Addre			ss (P.O. E	s (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or printed name of registered agent and 166 if application. (NOTE: Registered Agent algorishme required when reintaturing). DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIRECT ADDRESS OITY-ST-2P NORTH FORT MYERS FL 33917 ITILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE HAAG, ALAN L HAAG, TRACEY D Addition NAME SIRECT ADDRESS OITY-ST-2P OITH FORT MYERS FL 33917 Delete TITLE NAME SIRECT ADDRESS OITY-ST-2P TITLE Delete TITLE NAME SIRECT ADDRESS OITY-ST-2P TO Change Addition Addition Addition Addition Addition TITLE NAME SIRECT ADDRESS OITY-ST-2P TITLE NAME SIRECT ADDRESS OITY-ST-2P TO Change Addition Addition Addition Addition TITLE NAME SIRECT ADDRESS OITY-ST-2P TITLE TI												
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 11.	8. The above the obligation	named entity submits this statement for ons of registered agent.	the purp	ose of changing its	registere	d office or regi	stered aç	gent, or both, in the State of Florida	ı. I am fa	miliar with, a	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	SIGNATURE _	Signature, typed or printed name of registered agent a	and title if app	ficable. (NOTI	E: Registered	Agent signature rec	uired when r	reinstating) a	DATE			
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12. Thereby 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 and accounts and that my signature shall have the same legal effect as if made under path; that I am an officer or director		certify that the information supplied with	n this filing	does not qualify fo	or the exe	mption stated	in Section	n 119.07(3)(i), Florida Statutes. I fu	rther cert	ify that the i	nformation	

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: