

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010929

1. Entity Name

AJS DEVELOPMENT CORPORATION

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

06-27-2000 90002 004 \*\*\*550.00

Principal Place of Business

4173 DOMESTIC AVE  
 NAPLES FL 34104  
 US

Mailing Address

4173 DOMESTIC AVE  
 NAPLES FL 34104-7058  
 US

2. Principal Place of Business

2930 IMMOKALEE RD.

3. Mailing Address

2930 IMMOKALEE RD.

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34110

Country

U.S.

Zip

34110

Country

U.S.

4. FEI Number

65-0457678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SALUAN, ANDREW J  
 4173 DOMESTIC AVE  
 NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

SALUAN, ANDREW J.

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

2930 IMMOKALEE RD.

City

NAPLES

FL

Zip Code  
 34110

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 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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 PSTD ☐ Delete  
 NAME SALUAN, ANDREW J  
 STREET ADDRESS 4173 DOMESTIC AVE  
 CITY-ST-ZIP NAPLES FL

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 PSTD ☒ Change ☐ Addition  
 NAME SALUAN, ANDREW J.  
 STREET ADDRESS 2930 IMMOKALEE RD. Ste 4  
 CITY-ST-ZIP NAPLES, FL. 34110

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

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

Date

Daytime Phone #

6/20/00

944-596-9500

0-2000 (06-01)