

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053399

1. Entity Name

AJOSA INTERNATIONAL, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90113 047 \*\*\*150.00

Principal Place of Business

Mailing Address

3258 HYDE PARK DR  
CLEARWATER FL 33761

3258 HYDE PARK DR  
CLEARWATER FL 33761-1813

2. Principal Place of Business

4117 Quixote Blvd.

3. Mailing Address

4117 Quixote Blvd.

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33613

Country

US

Zip

33616

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

45-0217101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLDENSTAM, JACKIE  
3258 HYDE PARK DR.  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

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, 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 D ☐ Delete  
NAME OLDENSTAM, JACKIE  
STREET ADDRESS 3258 HYDE PARK DR  
CITY-ST-ZIP CLEARWATER FL 34621

TITLE DV ☐ Delete  
NAME OLKENSTAM, SOLBRITT  
STREET ADDRESS 3258 HYDE PARK DR.  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE DPT ☒ Delete  
NAME OLDENSTAM, JACKIE  
STREET ADDRESS 3258 HYDE PARK DR.  
CITY-ST-ZIP CLEARWATER FL 33761

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 D, P, T ☒ Change ☐ Addition  
NAME Jackie Oldenstam  
STREET ADDRESS 4117 Quixote Blvd., Apt. 8  
CITY-ST-ZIP Tampa, FL 33616

TITLE D, V ☒ Change ☐ Addition  
NAME Solbritt Oldenstam  
STREET ADDRESS 4117 Quixote Blvd., Apt. 8  
CITY-ST-ZIP Clearwater, FL 33761

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

POA

3/28/00 (813) 903-4505  
Date Daytime Phone #

CR2E034 (9/99)