

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000019791**

1. Entity Name

S.F.J., INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90372 043 ***150.00

Principal Place of Business

**5972 5TH AVE S
ST PETERSBURG FL 33707**

Mailing Address

**3001 49TH ST. N.
ST PETERSBURG FL 33710-2725**

2. Principal Place of Business

3. Mailing Address

5972 - 5TH AVE S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

Country

33707**PINELLAS**

6. Name and Address of Current Registered Agent

**SCHRADER, PAUL
5972 5TH AVE. S.
ST PETERSBURG FL 33707**

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
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete**T
SCHADER, PAUL
5972 5TH AVE. S.
ST PETERSBURG FL 33707**TITLE ☐ Delete**S
GREEN, PATRICK
7321 CENTAL AVE APT 701
ST PETERSBURG FL 33710**TITLE ☐ Delete**P
MOBAYED, SAMI
2495 37 AVE NORTH
ST PETERSBURG FL 33713**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-00

Date

727-343-1131

Daytime Phone #