

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012824

1. Entity Name

ATAJE, INC.

Principal Place of Business

1308 W SLIGH AVENUE
TAMPA FL 33604

Mailing Address

1308 W SLIGH AVENUE
TAMPA FL 33604-5902

2. Principal Place of Business

14217 THIRD STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DADE CITY, FL

City & State

Zip

33523

Country

Zip

Country

4. FEI Number

59-3387314

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	NORIEGA, ARTHUR IV	
STREET ADDRESS	8637 CHADWICK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, EARL H	
STREET ADDRESS	5222 EPPING LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JIMENEZ, JAMES A	
STREET ADDRESS	1308 W SLIGH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ACEBO, ALBELARDO	
STREET ADDRESS	1308 W SLIGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACKSON, EDWARD	
STREET ADDRESS	1308 W SLIGH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENFELDER, GLENN	
STREET ADDRESS	14217 THIRD ST	
CITY-ST-ZIP	DADE CITY FL 33523	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAIL GREENFELDER	
STREET ADDRESS	36601 ST. JOE ROAD	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD AMEEN	
STREET ADDRESS	2811 SANDPIPER PL	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6050 JETPORT INDUSTRIAL BLVD	
STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6050 JETPORT INDUSTRIAL BLVD	
STREET ADDRESS	TAMPA, FL 33634	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90231 020 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)