

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000012824**

1. Entity Name

ATAJJE, INC.**FILED****Feb 15, 2001 8:00 am**
Secretary of State

02-15-2001 90064 036 ***150.00

Principal Place of Business

**14217 THIRD STREET
DADE CITY FL 33523**

Mailing Address

**1308 W SLIGH AVENUE
TAMPA FL 33604**

2. Principal Place of Business

3. Mailing Address

1302 W. SLIGH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

City & State

TAMPA, FL.

4. FEI Number

59-3387314 ✓

Applied For

Not Applicable

Zip

Country

Zip

Country

33604**U.S.**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

**GREENFELDER, GLENN
14217 THIRD STREET
DADE CITY FL 33523**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NORIEGA, ARTHUR IV	8637 CHADWICK DRIVE	TAMPA FL	<input type="checkbox"/>
D	GREENFELDER, GAIL	36601 ST. JOE ROAD	DADE CITY FL 33325	<input type="checkbox"/>
TD	JIMENEZ, JAMES A	1308 W SLIGH AVENUE	TAMPA FL	<input type="checkbox"/>
SD	ACEBO, ALBELARDO	6050 JET PORT INDUSTRIAL BLVD	TAMPA FL 33634	<input type="checkbox"/>
VD	JACKSON, EDWARD	6050 JET PORT INDUSTRIAL BLVD	TAMPA FL 33634	<input type="checkbox"/>
PD	GREENFELDER, GLENN	14217 THIRD ST	DADE CITY FL 33523	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
	TD	JIMENEZ, JAMES A	1302 W. SLIGH AVENUE TAMPA, FL. 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
	SD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

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 #

2/11/01 (813) 933-2336

CR2E034 (10/00)