

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000055215

1. Entity Name

A.J.J.C. ENTERPRISES, INC.

Principal Place of Business

4926 GALLIVER CUT OFF ROAD
BAKER FL 32531

Mailing Address

4926 GALLIVER CUT OFF ROAD
BAKER FL 32531
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3323936

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLIFTON, JOYCE D
4926 GALLIVER CUT OFF RD
BAKER FL 32531

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 *Joyce D Clifton*

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CLIFTON, JOE H
4926 GALLIVER CUT-OFF
BAKER FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
CLIFTON, JOYCE D
4926 GALLIVER CUT-OFF
BAKER FL 32531

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Joe H Clifton II
4926 Galliver C/O
Baker FL 32531

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Joe H Clifton II
4926 Galliver C/O
Baker FL 32531

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CITY-ST-ZIP

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Baker FL 32531

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Joyce D. Clifton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-2002 852537-8101

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)