

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90012 012 ***550.00

DOCUMENT # P95000057950

1. Entity Name
COJEH PROPERTIES, INC.

Principal Place of Business

43951 CO. RD. 54 E
 KATHLEEN FL 33849
 US

Mailing Address

STAR ROUTE. BOX 163
 KATHLEEN FL 33849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

43951 CO RD 54E

Suite, Apt. #, etc.

43951 CO RD 54E

City & State

KATHLEEN, FLA

City & State

KATHLEEN FLA

Zip

33849

Country

PASCO

Zip

33849

Country

PASCO

4. FEI Number

59-3333125

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HOWARD, JAMES E
 STAR ROUTE, BOX 163
 KATHLEEN FL 33849

7. Name and Address of New Registered Agent

Name **HOWARD, JAMES E.**
 Street Address (P.O. Box Number is Not Acceptable)
43951 CA 54E
 City **KATHLEEN, FLA FL** Zip Code **33849**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 <input type="checkbox"/> Delete
NAME	HUGHES, DELORES
STREET ADDRESS	43919 C.R. 54 E.
CITY-ST-ZIP	KATHLEEN FL 33849
TITLE	D <input type="checkbox"/> Delete
NAME	MIMS, KATHY L
STREET ADDRESS	43700 HWY. 54 E.
CITY-ST-ZIP	KATHLEEN FL 33849
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 OF DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/2000
 Date

352-567-2512
 Daytime Phone #

CR2E034 (5/00)