

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004558

1. Entity Name

ARJAY CAPITAL, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90080 003 \*\*\*150.00

Principal Place of Business

Mailing Address

85404 DUDLEY  
CHAPEL HILL NC 27514  
US

85404 DUDLEY  
CHAPEL HILL NC 27514-8532  
US

2. Principal Place of Business

3. Mailing Address

11140 Governors Drive

11140 Governors Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chapel Hill N.C.

City & State

Chapel Hill NC.

Zip

27514

Country

Zip

27514

Country

4. FEI Number

65-0634026

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

KEY CORPORATE SERVICES, INC.  
200 SOUTH BISCAYNE BLVD.  
20TH FLOOR  
MIAMI FL 33131

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JACOBSON, ROCHELLE  
STREET ADDRESS 85404 DUDLEY  
CITY-ST-ZIP CHAPEL HILL NC 27514 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11140 Governors Drive  
CITY-ST-ZIP Chapel Hill NC 27514

TITLE VP  
NAME JACOBSON, MARK  
STREET ADDRESS 85404 DUDLEY  
CITY-ST-ZIP CHAPEL HILL NC 27514 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11140 Governors Drive  
CITY-ST-ZIP Chapel Hill NC 27514

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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)(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 #

3-17-00 919 493 5599

CR2E034 (9/99)