2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600009982 Sep 07, 2000 8:00 am 1. Entity Name CJFX CORPORATION Secretary of State 09-07-2000 90060 001 ***550.00 Principal Place of Business Mailing Address 9126 SEIDEL ROAD 9126 SEIDEL ROAD WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 9-3246908 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, CAROL J Street Address (P.O. Box Number is Not Acceptable) 9126 SEIDEL ROAD WINTER GARDEN FL 34787 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Change Addition TITLE TITLE Delete ROBERTS, JAMES L NAME NAME STREET ADDRESS 9126 SEIDEL ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER GARDEN FL 34787 Change ☐ Addition TITLE Delete TITLE ROBERTS, CAROL J NAME STREET ADDRESS STREET ADDRESS 9126 SEIDEL ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE' Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 approximation of the repowered. SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A0075532 07953-464-00/91-6 attachment doc # 1996 APR. Date of this notice: 65-0644308 Tax Period

Texpayer Identifying Number Form:

> For assistance you may _call us at:__

1-800-829-1040 ST. OF FL

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

C J F X CORPORATION 9506 S RED RD IMAIM FL 33156-2138062

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING FEB. 1, 1996, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

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IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO ASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX TAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OF THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER ISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU, HOWEVER, THE TICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS	s employee sometimes listens in on
telephone calls. Keep this part for your records	Overlay 5 Form 8489 (Rev.8-91)
Return this part to us with your check or inquiry	
Your telephone number Best time to call -	

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INTERNAL REVENUE SERVICE ATLANTA, GA 39901