

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90126 007 ***150.00

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DOCUMENT # P96000009982

1. Entity Name
CJFX CORPORATION



Principal Place of Business
9126 SEIDEL ROAD
WINTER GARDEN FL 34787

Mailing Address
9126 SEIDEL ROAD
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

9126 SEIDEL Rd
Suite, Apt. #, etc. HOUSE

9126 SEIDEL Rd
Suite, Apt. #, etc. HOUSE

City & State

City & State

WINTER GARDEN, FL

WINTER GARDEN, FL

Zip

Country

Zip

Country

34787

ORANGE

34787

ORANGE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, CAROL J
9126 SEIDEL ROAD
WINTER GARDEN FL 34787

Name
CAROL J ROBERTS
Street Address (P.O. Box Number is Not Acceptable)
9126 SEIDEL Rd
City
WINTER GARDEN **FL** **Zip Code**
34787

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERTS, JAMES L ☐ Delete
9126 SEIDEL ROAD
WINTER GARDEN FL 34787

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROBERTS, CAROL J ☐ Delete
9126 SEIDEL ROAD
WINTER GARDEN FL 34787

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

407-877-3647

Daytime Phone *

CR2E034 (10/02)