

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/21/01-2010-16-515 01-515 01-515

FILED

01 MAR 16 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000040307

1. Entity Name

AJC Consulting, INC

Principal Place of Business

Mailing Address

2756 Calloway Court  
Duluth, GA 30097

2. Principal Place of Business

2756 Calloway Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Duluth, GA

City & State

4. FEI Number

58-2294980

Applied For

Not Applicable

Zip

30097

Country

USA

Zip

Country

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

Carlos Lidsky  
145 E 49th Street  
Hialeah, FL 33013

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 fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Alex J. Campos  
2756 Calloway Court  
Duluth, GA 30097

☐ Delete

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

TITLE  
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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

January 31, 2001

678-473-0484

Date

Daytime Phone #

CR2E034 (11/00)