

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000047565**

1. Entity Name

AJT, INC.

Principal Place of Business

**8910 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920
US**

Mailing Address

**8910 ASTRONAUT BLVD
CAPE CANAVERAL FL 32920-4225
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERAN, ALFREDO J
808 W. CENTRAL BLVD.
CAPE CANAVERAL FL 32920**

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

N/A

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|--------------------|--------------------|-------------------------|---------------------------------|-------|------|----------------|-------------|---|
| P | TERAN, ALFREDO J. | 808 W CENTRAL BLVD | CAPE CANAVERAL FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VP | DEEKS, PETER C | 2170 REYNARD PLACE | MERRITT ISLAND FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VPS | WOOD, RICHARD G | 255 BANANA BLVD | MERRITT ISLAND FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VP | HARGROVE, ARTHUR J | 1711 WALLER ROAD | HUNTSVILLE AL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T | SHERARD, MARCO | 4780 YUMA TRAIL | MERRITT ISLAND FL 32953 | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> 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 #

*1/21/2000 321-783.7989***FILED
Feb 04, 2000 8:00 am
Secretary of State**

02-04-2000 90028 001 ***635.00

I 300103

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3378546**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

CR2E034 (9/99)