


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90159 009 ***150.00

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1. Entity Name
CJA CONSULT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14649 AERIES WAY

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State

Zip
33912

Country
usa

4. FEI Number

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CARL J. APPELBERG

Street Address (P.O. Box Number is Not Acceptable)
14649 AERIES WAY

City
FORT MYERS **FL** Zip Code 33912

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 CARL J. APPELBERG

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE <u>PZT</u>	TITLE <u>CARL J. APPELBERG</u>
NAME <u>CARL J. APPELBERG</u>	NAME <u>CARL J. APPELBERG</u>
STREET ADDRESS <u>14649 AERIES WAY</u>	STREET ADDRESS <u>14649 AERIES WAY</u>
CITY-ST-ZIP <u>FORT MYERS, FL 33912</u>	CITY-ST-ZIP <u>FORT MYERS, FL 33912</u>
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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NAME	NAME
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CITY-ST-ZIP	CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carl J. Appelberg 3/18/03 239-561-6972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARL J. APPELBERG

CR2E034B (12/02)