

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90053 007 ***150.00

DOCUMENT # P97000000187

1. Entity Name

A.J. SHADZ, INC.

Principal Place of Business

2205 POLO CLUB DR. #103
 KISSIMMEE FL 34741

Mailing Address

2205 POLO CLUB DR. #103
 KISSIMMEE FL 34741

2. Principal Place of Business

8651 Commodity Cr
 Suite, Apt. #, etc.

3. Mailing Address

8651 Commodity Cr
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3423535

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SEGELIN, JUDITH I
 34 EAST PINE STREET
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Segelin, Judith I
 Street Address (P.O. Box Number is Not Acceptable)
 701 Peachtree Rd
 City Orlando FL Zip Code 32804

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 Judith I. Segelin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/01

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

TITLE PSD
 NAME MCLEAN, DENISE ☐ Delete
 STREET ADDRESS 2205 POLO CLUB DR., SUITE 103
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE TD
 NAME FERNANDEZ, ADOLPH H ☐ Delete
 STREET ADDRESS 2205 POLO CLUB DR., SUITE 103
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE VD
 NAME MCLEAN, ALEX ☐ Delete
 STREET ADDRESS 2205 POLO CLUB DR., SUITE 103
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 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 address, with all other like empowered.

SIGNATURE: Denise J. McLean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/01 4079050000

CR2E034 (10/00)

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