

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000916

1. Entity Name

CAJU, INC.

Principal Place of Business

4225 WEST KING STREET
COCOA FL 32926

Mailing Address

4225 WEST KING STREET
COCOA FL 32926-4160

2. Principal Place of Business

618 ROSSMOOR CIR.

Suite, Apt. #, etc.

3. Mailing Address

618 ROSSMOOR CIR

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32940

Country

USA

Zip

32940

Country

USA

4. FEI Number

59-3418813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND ROACH

4225 W. KING ST.
32926 FL 32926

7. Name and Address of New Registered Agent

Name

RAYMOND ROACH

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

618 ROSSMOOR CIR.

City

MELBOURNE

FL

Zip Code

32940

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

RAYMOND ROACH

RM Roach

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROACH, RAYMOND H	
STREET ADDRESS	4225 WEST KING STREET	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROACH, CAROL A.	
STREET ADDRESS	618 ROSSMOOR CIR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROACH, JUDITH S.	
STREET ADDRESS	186 TURTLE PLACE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROACH, WILLIAM N.	
STREET ADDRESS	186 TURTLE PLACE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, RAYMOND H.	
STREET ADDRESS	618 ROSSMOOR CIR.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

RM Roach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 (321) 242-3169

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90086 033 ***150.00

A0007868



DO NOT WRITE IN THIS SPACE