

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038460

1. Entity Name

HAJO CONSULTING AND INVESTMENT COMPANY

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90046 048 ***150.00

Principal Place of Business

Mailing Address

QUEEN'S HARBOR BLVD
JACKSONVILLE FL 32225

1169 QUEEN'S HARBOR BLVD
JACKSONVILLE FL 32225-4909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3449028

Applied For

Not Applicable

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

SHEFFIELD, J HOWARD
4209 BAYMEADOWS RD, SUITE 4
JACKSONVILLE FL 32217

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PSD	HAYT, JOHN T.R. SR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1169 QUEEN'S HARBOR BLVD			
JACKSONVILLE FL 32225			
VP	HAYT, JOHN T R JR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2137 HWY 130 WEST			
SHELBYVILLE TN 37160			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<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

JOHN T.R. HAYT, SR

2/13/2000

Date

904/221-1150

Daytime Phone #

CR2E034 (9/99)