

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90128 041 \*\*\*550.00

0113000 AT

**DOCUMENT # P97000044585**

1. Entity Name  
**CAJUN ENTERPRISES INC.**

(LP)

Principal Place of Business  
**230 BESON JUNCTION RD**  
**DEBARY FL 32713**  
**US**

Mailing Address  
**118 PALM DRIVE**  
**DEBARY FL 32713**  
**US**

00072860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3451901**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**BLUMIN, SHIRLEY S**  
**118 PALM DRIVE**  
**DEBARY FL 32713**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PT BLUMIN, SHIRLEY S.** ☐ Delete  
 STREET ADDRESS **118 PALM DRIVE**  
 CITY-ST-ZIP **DEBARY FL 32713**

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

TITLE  
 NAME **VPS CHAVOSHI, MAJID** ☒ Delete  
 STREET ADDRESS **10551 STASND FORD ROW**  
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☒ Change ☐ Addition  
 NAME **VPS**  
 STREET ADDRESS **Dr. Jeffrey Ledewitz**  
 CITY-ST-ZIP **2545 S. Atlantic Ave. Daytona Beach Shores, FL 32118**

TITLE  
 NAME **S LEDEWITZ, STEVEN A** ☐ Delete  
 STREET ADDRESS **14649 EAGLES CROSSING**  
 CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **Treasurer** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Treasurer**  
 STREET ADDRESS **Bruce Ledewitz**  
 CITY-ST-ZIP **1842 5th Ave Pittsburgh, Pa. 15219**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Shirley S Blumin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/3/01 (386) 668-4419**  
 Date Daytime Phone #

CR2E034 (5/01)