

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000076290**

1. Entity Name

**AJT HOLDING INC.**

Principal Place of Business

**8910 ASTRONAUT BLVD.  
CAPE CANAVERAL FL 32920**

Mailing Address

**8910 ASTRONAUT BLVD.  
CAPE CANAVERAL FL 32920-4225**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3469417**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TERAN, ALFREDO J  
808 W. CENTRAL BLVD.  
CAPE CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

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

**N/A**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TERAN, ALFREDO J	
STREET ADDRESS	808 W CENTRAL BLVD	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEEKS, PETER C	
STREET ADDRESS	4155 CROOKED MILE ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WOOD, RICHARD G	
STREET ADDRESS	255 BANANA BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARGROVE, ARTHUR JR	
STREET ADDRESS	1711 WALLER ROAD	
CITY-ST-ZIP	HUNTSVILLE AL 35816	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHERARD, MARCO J	
STREET ADDRESS	4780 YUMA TRAIL	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000

Date

321.783.7989

Daytime Phone #

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90028 001 \*\*\*635.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)