

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012537

1. Entity Name

A/J'S WAREHOUSE FOODS, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90080 050 \*\*\*158.75

Principal Place of Business

14821 N. 7TH ST  
DADE CITY FL 33523  
US

Mailing Address

633 FAYETTE DRIVE NORTH  
SAFETY HARBOR FL 34695-4305

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

36845 Christian Rd

Dade City FL

33523

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3492907

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

TITLE PSTD  
NAME WEBB, JOHN J  
STREET ADDRESS 633 FAYETTE DRIVE NORTH  
CITY-ST-ZIP SAFETY HARBOR FL 34695

☐ Delete

TITLE VD  
NAME ANUSBIGIAN, ANDREW  
STREET ADDRESS 830 EDGEHILL DR  
CITY-ST-ZIP PALM HARBOR FL 34684

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE PSTD  
NAME John J Webb  
STREET ADDRESS 36845 Christian Rd.  
CITY-ST-ZIP Dade City, FL 33523

☒ Change ☐ Addition

TITLE VD  
NAME Andrew Anusbigian  
STREET ADDRESS 35153 Quiet Oak Ln.  
CITY-ST-ZIP Zephyrhills, FL 33541

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*John J Webb*

John J Webb

3/17/00

352-521-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)