FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P98000033042 1. Entity Name A.J.A. CONSULTING, INC. 03-28-2001 90201 038 ***150.00 Principal Place of Business Mailing Address 3153 GREY FOX RUN 3153 GREY FOX RUN PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3503873 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUIS, ANTHONY J Street Address (P.O. Box Number is Not Acceptable) 3153 GARY FOX RUN PALM HARBOR FL 34683 City Zio Code FL tatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Integ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition Delete TITLE TITLE AGUIS, ANTHONY J NAME NAME STREET ADDRESS STREET ADDRESS 3153 GREY FOX RUN CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 TITLE □ Change Addition Delete TITLE AGUIS, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 3153 GREY FOX RUN CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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SIGNATURE:
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SIGNATURE AND TYPED OR PRINTED VAME OF SIGNAGO OFFICER OR DIRECTOR PRESIDENT Sale

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