2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

ORLANDO FL 32819

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

7212 GREENVILLE COURT

DOCUMENT # ` * P98000038075

1. Entity Name

ARJAY INVESTMENTS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

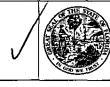
City & State

Zip

SIGNATURE

7212 GREENVILLE COURT

ORLANDO FL 32819



FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90379 039 ***1 58 75

04-21-2003 90379 039 **	**158.75
CHECK HERE IF MAKING CHA	NGES
59-3510036	Applied For Not Applicable
	75 Additional

DATE

WILSON, GREGORY M 29 EAST PINE STREET ORLANDO FL 32801

		ame and Address	or New Hegisterea	Agent	
Т	Name	_	_		
L		•			
1	Street Address (P.O. Bo	x Number is Not A	cceptable)		
L					
L					
	City		E1	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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

OIOI WITOILE	Signature, typed or printed name of registered agent and title if applic	able
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	
Make Check	k Payable to Florida Department of State	

Country

6. Name and Address of Current Registered Agent

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE FOGLIA, ROBERT NAME NAME 7212 GREENVILLE COURT STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SKIVATURE REQUIRED

3/31/03 (407) 6480600

CR2E034 (10/(