

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043794

1. Entity Name

C.S.J.J. CORPORATION

Principal Place of Business

3650 FOWLER ST
FT MYERS FL 33901

Mailing Address

3650 FOWLER ST
FT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0836592

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

AMBROSE, JOSEPH
9091 PITTSBURGH BLVD
FT MYERS FL 33912

Name

Ambrose, Joseph

Street Address (P.O. Box Number is Not Acceptable)

9091 Pittsburgh Blvd.

City

Ft Myers

FL

Zip Code

33912

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, 2001 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 ☐ Delete
NAME P
STREET ADDRESS AMBROSE, JOSEPH
CITY-ST-ZIP 3706 31ST AVE
BRADENTON FL 34205

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS Ambrose Joseph
CITY-ST-ZIP 9091 Pittsburgh Blvd
Ft Myers, FL 33912

TITLE ☐ Delete
NAME VP
STREET ADDRESS LYALY, STEPHEN J
CITY-ST-ZIP 1571 RIVERVIEW BLVD.
BRADENTON FL 34209

TITLE ☐ Change ☐ Addition
NAME Lyerly, Stephen J
STREET ADDRESS 1571 Riverview Blvd.
CITY-ST-ZIP Bradenton, FL 34209

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
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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 line empowered.

SIGNATURE:

Joseph Ambrose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01 (941) 267-9984
Date Daytime Phone #

CR2E034 (10/00)