

2001 UNIFORM BUSINESS REPORT (UBR)

09-10-2001 90060 035 ***550.00
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AV

DOCUMENT # P98000043805

1. Entity Name
C.S.J.J. LAND CORPORATION

Principal Place of Business
3650 FOWLER STREET
FT. MYERS FL 33901

Mailing Address
9091 PITTSBURGH BLVD.
FT. MYERS FL 33901

FILED
SECRETARY OF STATE
VISION OF CORPORATION

01 SEP 24 PM 1:29



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALMETTO, FL 34221

4. FEI Number
65-0836589

Applied For
Not Applicable

Zip

Country

Zip

Country

US

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
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 transferring)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-STATE-ZIP
VPS
LYERLY, JAMES S
4571 RIVERVIEW BLVD.
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
LYERLY, JAMES S
4571 RIVERVIEW BLVD
BRADENTON, FL 34209

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
AMBROSE, JOSEPH
3708 31ST AVE. W.
BRADENTON FL 34205

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
AMBROSE, JOSEPH
9091 PITTSBURGH BLVD
FT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-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 REQUIRED: LYERLY

08/31/01

(941)722-1038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (5/01)