2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT #



Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90210 021 ***150.00

FILED

P98000054278 1. Entity Name **EJAT INCORPORATED**



	•	ND ROAD	Mailing Addres 1029 FRANKLAN TAMPA FL 3362	usiness IAD	Principal Place of E 1029 FRANKLAND R TAMPA FL 33629							
		ress	3. Mailing Addre	Business	2. Principal Place o							
	Suite, Apt. #, etc.			Suite, Apt. #, etc.		Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		Apt. #, etc.	
4. FEI Numb	City & State		City & State									
5. Certificate	Country		Zip	Country	Zip							
7. Name and		<u>_</u>	rent Registered Agent	Name and Address of Cui	6.							
ess (P.O. Box Numbe	Name Street Addi	HADLOW, RICHARD B 220 SOUTH FRANKLIN STREET										
	City			!	TAMPA FL 3360							

CHECK HERE IF MAKING CHANGES

Applied For Not Applicable \$8.75 Additional

of Status Desired Fee Required Address of New Registered Agent

is Not Acceptable) Zip Code

59-3521657

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. the obligations of registered agent.	I am fam	niliar with,	and accept
C1/	GNATHRE			

(NOTE: Registered Agent signature required when reinstating)

	_ FILE NOW!!! FEE IS \$150.00	
	After May 1, 2003 Fee will be \$550.00	
Make	Check Payable to Florida Department of State	

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIDEOS

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

	OT TOURS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, TERRY 1029 FRANKLAND RD TAMPA FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

8133104288

^{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.