

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064549

1. Entity Name
A K J CORPORATION

Principal Place of Business
**1789 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955**

Mailing Address
**1789 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955-4908**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**NEWBERN, THOMAS L SR
1789 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

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 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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	NEWBERN, THOMAS L SR	
STREET ADDRESS	1789 ROCKLEDGE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	DST	<input type="checkbox"/> Delete
NAME	NEWBERN, MARGUERITE K	
STREET ADDRESS	1789 ROCKLEDGE DRIVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NEWBERN, THOMAS L JR	
STREET ADDRESS	1903 WOODHAVEN CIRCLE (#54)	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOYD, HOPE N	
STREET ADDRESS	3575 JAMES ROAD	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90070 017 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

1-800

407-631-5203