

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076488

1. Entity Name

LARJ ENTERPRISES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90080 009 ***150.00

Principal Place of Business

4048 PALAU DR.
 SARASOTA FL 34241

Mailing Address

P.O. BOX 19442
 SARASOTA FL 34276-2442

2. Principal Place of Business

11851 Holly Hock Dr.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20682
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0861578

Applied For

Not Applicable

Zip

34202

Country

Zip

34204

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOOD, BRENDA E
 4509 BEE RIDGE RD., SUITE B
 SARASOTA FL 34233

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	D	<input type="checkbox"/> Delete
NAME	THURMAN, RANDY M	
STREET ADDRESS	PO BOX 19442 N/A	
CITY-ST-ZIP	SARASOTA FL 34276-2442	
TITLE	D	<input type="checkbox"/> Delete
NAME	THURMAN, ANITA M	
STREET ADDRESS	PO BOX 19442 N/A	
CITY-ST-ZIP	SARASOTA FL 34276-2442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)