

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080406

1. Entity Name

THE B.A.J.A. GROUP, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90223 045 ***150.00

| | | | |
|--|---------|---|---------|
| Principal Place of Business 9339 DEER CREEK DRIVE TAMPA FL 33647 | | Mailing Address 9339 DEER CREEK DRIVE TAMPA FL 33647-2287 | |
| 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 | | 59-3533223 | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 7. Name and Address of New Registered Agent Name <u>Brian S. Parisey</u> Street Address (P.O. Box Number is Not Acceptable) <u>9339 Deer Creek Drive</u> City <u>Tampa</u> FL Zip Code <u>33647</u> | |
|---|--|---|--|

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-00

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 Added to Fee

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PARISEY, BRIAN S 9339 DEER CREEK DRIVE TAMPA FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD PARISEY, ANNE M 9339 DEER CREEK DRIVE TAMPA FL 33647 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00

(813) 991-5685