

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019527

1. Entity Name

A. J. ENTERPRISES OF BONITA SPRINGS, INC.

Principal Place of Business

1650 WINDY PINES DRIVE
NAPLES FL 34112

Mailing Address

1650 WINDY PINES DRIVE
NAPLES FL 34112

2. Principal Place of Business

11290 BONITA BEACH FLA

3. Mailing Address

1650 WINDY PINES DR

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

#10

City & State

Bonita FLA

City & State

NAPLES FLA

Zip

34135

Country

LEE

Zip

34112

Country

4. FEI Number

650902552

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANLEY, JOHN F
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

SALLY ANN CEBALLO

Street Address (P.O. Box Number is Not Acceptable)

1650 WINDY PINES DRIVE

City

NAPLES

FL

Zip Code

34112

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

Sally Ann Ceballo

7/28/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SALLY ANN CEBALLO ☐ Delete
1650 WINDY PINES DR #10
NAPLES FLA 34112 Owner

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ALFRED CEBALLO ☐ Delete
1650 WINDY PINES DR #10
NAPLES, FLA 34112 Mgr

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

Alfred Ceballo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

941-417-4377

Date

Daytime Phone #

00081006



DO NOT WRITE IN THIS SPACE

CR: E034 (5/00)

Attachment
01# 899000019527
[REDACTED]
D0081006

To Whom it May Concern

This is the first time
we received this notice. We
are a new company and are not
familiar with this report.

The notice must have been
sent to John J. Stanley. Mr. Stanley
is an attorney and is not an
officer of this company.

Thank You
Alfred Challos *ms*