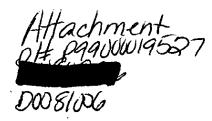
## FILED 26<del>0</del>0 UNIFORM BUSINESS REPORT (UBR) Aug 25, 2000 8:00 am Secretary of State DOCUMENT # P99000019527 1. Entity Name A. J. ENTERPRISES OF BONITA SPRINGS, INC. 08-25-2000 90062 045 \*\*\*158.75 Principal Place of Business Mailing Address 1650 WINDY PINES DRIVE 1650 WINDY PINES DRIVE NAPLES FL 34112 NAPLES FL 34112 00081006 2. Principal Place of Business //290 Beni 3. Mailing Address TINES 650 WINDY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #10 City & State 4. FEI Number 650902552 Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STANLEY JÖHN F Street 2660 AIRPORT BOAD SOUTH NAPLES IL 34118 City 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 \_ FILE NOW!!! FEE IS \$550.001 -. 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5:00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SALLY ANN CEBALLO Delete (2/00)TITLE Change ☐ Addition TITLE 1650 WINDY PINES DR NAME NAME E034 STREET ADDRESS STREET ADDRESS NAPLES FLABUIT CITY-ST-ZIP CITY-ST-718 Ę Change Addition TITLE TITLE fines DR #10 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 🗖 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen



are attence, and is not an You