2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am DOCUMENT # P99000067425 **Secretary of State** AJANI-TECH CORPORATION 03-09-2001 90493 041 ***150.00 Principal Place of Business Mailing Address 3316 9TH STREET 3316 9TH STREET ELKTON FL 32033 ELKTON FL 32033 74777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3588340 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, RODNEY C Street Address (P.O. Box Number is Not Acceptable) **3316 9TH STREET** ELKTON FL 32033 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 TITLE Delete TITLE Change ☐ Addition NAME HARRIS, RODNEY C NAME STREET ADDRESS STREET ADDRESS 3316 9TH ST CITY-ST-ZIP CITY-ST-7IP ELKTON FL 32033 TITLE Delete TITLE NAME BARKOSKIE, JAMES P NAME STREET ADDRESS STREET ADDRESS 5501 COUNTY RD 208 CITY-ST-ZIP CITY-ST-ZIF SAINT AUGUSTINE FL 32092 ~ 🗀 ¹Delete -TITLE ____Change___ _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-7IP