## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State DOCUMENT # P99000067425 1. Entity Name 05-14-2002 90034 003 \*\*\*150.00 AJANI-TECH CORPORATION Principal Place of Business Mailing Address 3316 9TH STREET 3316 9TH STREET **ELKTON FL 32033** ELKTON FL 32033 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 Name HARRIS, RODNEY C Street Address (P.O. Box Number is Not Acceptable) 3316 9TH STREET ELKTON FL 32033 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition CR2E034 (9/01 NAME NAME HARRIS, RODNEY C STREET ADDRESS STREET ADDRESS 3316 9TH ST CITY-ST-ZIP CITY-ST-ZIP ELKTON FL 32033 TITLE **VDS** Delete TITLE Change ☐ Addition NAME BARKOSKIE, JAMES P NAME STREET ADDRESS STREET ADDRESS 8700 SOUTHSIDE BLVD APT # 1714 CITY-ST-7IP CITY-ST-ZIP .. JACKSONVILLE FL 32256 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition 281是 到底 NAME NAME 2000年10日本日 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 attachment with an address, with all other like empowered.

SIGNATURE:

**FILED**