

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90026 031 \*\*\*150.00

<b>DOCUMENT #</b> P99000070525	
<b>1. Entity Name</b>	
AJA TUSCANY GROUP INC	

**DO NOT WRITE IN THIS SPACE**

54011120

<b>2. Principal Place of Business</b> 830-13 NORTH A1A #334		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> PONTE VEDRA BEACH, FL		<b>City &amp; State</b>	
<b>Zip</b> 32082	<b>Country</b>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3588984		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> CAPLAN, HOWARD	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6260-C DUPONT STATION CT	
<b>City</b> JACKSONVILLE	<b>Zip Code</b> FL 32217

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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

Make Check Payable to Florida Department of State

**10. OFFICERS AND DIRECTORS**

**11.**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, SHIRLEY 146 SO END ST ST AUGUSTINE, FL 32095	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CSAZAR, ANDREA 1223 QUEENS HARBOR BLVD JACKSONVILLE, FL 32225	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D LINDER, JEFFERSON P 74 MERLIN AVE TARRYTOWN, NY 10591	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, GREG 122 CRISP DR AMERICUS, GA 31709	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, STEVE 122 CRISP DR AMERICUS, GA 31709	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE**

SHIRLEY GOLDSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/04 904-819-9073