2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 30, 2000 8:00 am
Secretary of State
04-27-2000 90081 010 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # J61820

1. Entity Name
DJ OF INDIAN RIVER COUNTY, INC.

Principal Place of Business	Mailing Address
9400 N US 1 SEBASTIAN FL 32958 US	P.O. BOX 11 VERO BEACH FL 32961-0011 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 9430 N. US 1	Suite, Apt. #, etc.
City & State Sebastian, Fl.	City & State
Zip 32958 Country U.S.	Zip Country

4. FEI Number 59-2801144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLLINS, GEORGE G., JR.
756 BEACHLAND BLVD
VERO BEACH FL 32960

7. Name and Address of New Registered Agent
Name Daniel F. Elrod
Street Address (P.O. Box Number is Not Acceptable) 9430 N US 1
City Sebastian FL Zip Code 32958

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] DATE 5/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ELROD, DANIEL F. 5609 WINTER GARDEN PKWY. FORT PIERCE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elrod, Daniel F. 9430 N US 1 Sebastian Fl 32958 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ELROD, JULIA K.C. 5609 WINTER GARDEN PKWY. FORT PIERCE FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] 4/20/00 561-589-4733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #