

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

MD10127  
AV

**DOCUMENT # P00000007604**



1. Entity Name  
**DJMP EQUITIES, INC.**

05-06-2003 90021 015 \*\*\*150.00

Principal Place of Business  
**146 DIANNE DRIVE  
ORMOND BEACH FL 32176**

Mailing Address  
**146 DIANNE DRIVE  
ORMOND BEACH FL 32176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3616176**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLITIS, MICHAEL J ESQ.  
154 SO. HALIFAX AVE.  
DAYTONA BEACH FL 32118**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>POLITIS, MICHAEL J</b>	
STREET ADDRESS	<b>154 SO. HALIFAX AVE.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KLIRONOMOS, PETER</b>	
STREET ADDRESS	<b>146 DIANNE DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAHOLIAS, DAVE</b>	
STREET ADDRESS	<b>1 HUNTSMAN HOOD</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LOGUIDICE, JOSEPH A</b>	
STREET ADDRESS	<b>2441-BELLEVUE AVE.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEORGE NICHOLAS A.</b>	
STREET ADDRESS	<b>500 NORTH OLEANDER AVENUE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FLORIDA 32118</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

**4/30/03** **(306)**  
**295 9299**  
Date Daytime Phone #

CR2E034 (10/02)