

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000096736

1. Entity Name
 SDJ HOLDINGS, INC.

Principal Place of Business
 619 ORTON AVE., #601
 FT. LAUDERDALE FL 33034

Mailing Address
 619 ORTON AVE., #601
 FT. LAUDERDALE FL 33034

2. Principal Place of Business
 619 ORTON AVE., #601

3. Mailing Address
 619 ORTON AVE., #601

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 FT. LAUDERDALE FL

City & State
 FT. LAUDERDALE FL

4. FEI Number
36-2640056
 Applied For
 Not Applicable

Zip Country
 33304

Zip Country
 33304

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON STEVEN D
 619 ORTON AVE., #601
 FT. LAUDERDALE FL 33034

Name
 JOHNSON STEVEN D
 Street Address (P.O. Box Number is Not Acceptable)
 619 ORTON AVE., #601
 City
 FT. LAUDERDALE FL Zip Code
 33304

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 **STEVEN D. JOHNSON**

04/29/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 D Delete
 NAME JOHNSON STEVEN D
 STREET ADDRESS 619 ORTON AVE., #601
 CITY-ST-ZIP FT. LAUDERDALE FL 33034

TITLE D Change Addition
 NAME JOHNSON STEVEN D
 STREET ADDRESS 619 ORTON AVE., #601
 CITY-ST-ZIP FT. LAUDERDALE FL 33034

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: **Steven D. Johnson**

D 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)