

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90066 002 \*\*\*150.00

**DOCUMENT # P97000015331**

1. Entity Name  
**ABC DJS, INC.**

Principal Place of Business <b>13700 SUTTON PARK DR. N.          1325          JACKSONVILLE FL 32224</b>		Mailing Address <b>14444 BEACH BLVD.          18-279          JACKSONVILLE FL 32250-2079</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3426946** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**FERNANDEZ, ROBERTO  
 13700 SUTTON PARK DR. N.  
 #1325  
 JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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.  **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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>FERNANDEZ, ROBERTO</b>		NAME				
STREET ADDRESS	<b>13700 SUTTON PARK DR. N. #1325</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>		CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>FERNANDEZ, ARPANA</b>		NAME				
STREET ADDRESS	<b>13700 SUTTON PARK DR. N. #1325</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>		CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>FERNANDEZ, ROBERTO</b>		NAME				
STREET ADDRESS	<b>13700 SUTTON PARK DR. N. #1325</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>		CITY-ST-ZIP				
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>FERNANDEZ, ARPANA</b>		NAME				
STREET ADDRESS	<b>13700 SUTTON PARK DR. N. #1325</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 reports 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 REQUIRED** \_\_\_\_\_ DATE: **2/23/00** (904) **616-8700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)