

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90062 021 ***150.00

DOCUMENT # P99000041561

1. Entity Name

D.J. - ST. PETE, INC.

Principal Place of Business

Mailing Address

**721 1ST AVE NORTH
 ST. PETERSBURG FL 33701**

**P.O. BOX 1954
 ST. PETERSBURG FL 33731-1954**

2. Principal Place of Business

10568 GANDY BLVD.

3. Mailing Address

5600 ROSWELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite N390



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

Atlanta, GA

4. FEI Number

58-2976805

Applied For

Not Applicable

Zip

33702 Pinellas

Country

Zip

30342 Fulton

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ENGLANDER, LEONARD S
 721 1ST AVE NORTH
 ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **David D. Burton, Jr.**
 Street Address (P.O. Box Number is Not Acceptable) **2111 Drew St.**

City **Clearwater**

FL

Zip Code **33758-4100**

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]

2.14.00

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, 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-------------------------------|--------------------------|--------------------------------|-------------------------------------|
| | D ENGLANDER, LEONARD S | 721 1ST AVE NORTH | ST. PETERSBURG FL 33701 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|----------------|-----------------------|-----------------------------------|--------------------------|-------------------------------------|--------------------------|
| OFFICER | Donna L. Eaton | 5600 ROSWELL AVE, STE N390 | Atlanta, GA 30342 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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]
Donna L. Eaton

Date

Daytime Phone #

2/8/00 404-943-0098