

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Apr 04, 2001 8:00 am  
Secretary of State**

04-04-2001 90022 008 \*\*\*150.00

DOCUMENT # P99000041561

1. Entity Name

D.J. - ST. PETE, INC.

Principal Place of Business  
10568 Gandy Blvd  
St Petersburg FL  
33702

Mailing Address  
3572 Old Milton Pkwy  
Alpharetta GA 30005

A0042044

2. Principal Place of Business  
10568 Gandy Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
3572 Old Milton Pkwy  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
St Petersburg FL  
Zip  
33702  
Country  
USA

City & State  
Alpharetta GA  
Zip  
30005  
Country  
USA

4. FEI Number  
58-2476805

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

Englander, Leonard S  
2111 Drew St  
Clearwater FL 33758

7. Name and Address of New Registered Agent

Name: David Burton  
Street Address (P.O. Box Number is Not Acceptable): 2111 Drew St  
City: Clearwater FL Zip Code: 33758

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

3.26.01

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

TITLE: Donna L Eaton - President  
NAME: Donna L Eaton  
STREET ADDRESS: 3572 Old Milton Pkwy  
CITY-ST-ZIP: Alpharetta GA 30005

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

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:

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:

3-19-01 770-667-6579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1700)