2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2002 8:00 am Secretary of State P98000097663 DOCUMENT # 1. Entity Name 02-17-2002 90100 032 ***150.00 D & J LOGOS, INC. Principal Place of Business Mailing Address 2323 FEATHER SOUND DR. 2323 FEATHER SOUND DR. SUITE F107 SUITE F107 CLEARWATER FL 33762-8002 CLEARWATER FL 33762-8002 2. Principal Place of Business 3. Mailing Address U+J Logos Dτ. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 2635 City & State City & State 4. FEI Number Applied For 59-3544318 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAMENAR, JOHN Street Address 2323 FEATHER SOUND DRIVE SUITE F107 **CLEARWATER FL 33762-8002** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Addition TITLE ☐ Delete NAME KAMENAR, JOHN NAME STREET ADDRESS 2323 FEATHER SOUND DRIVE, F107 STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33762** CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME KAMENAR, DEBORAH NAME STREET ADDRESS STREET ADDRESS 2323 FEATHER SOUND DRIVE, F107 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33762** TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition

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 w

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)