

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F84891**

1. Entity Name  
**D.J. P. ASSOCIATES, INC.**

Principal Place of Business  
**BANYAN BEACH MOTEL  
1630 6TH ST. US 17. NW  
WINTER HAVEN FL 33880**

Mailing Address  
**BANYAN BEACH MOTEL  
1630 6TH ST. US 17. NW  
WINTER HAVEN FL 33880**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

#### 6. Name and Address of Current Registered Agent

**PARMAR, ARVIND K  
1630 6TH ST, US 17, NW  
WINTER HAVEN FL 33881**

4. FEI Number **59-2195782**  Applied For  
 Not Applicable

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

#### 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P PARMAR, ARVIND K 1630 6TH ST, US 17, NW WINTER HAVEN, FL 00000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PARMAR, ANITA A 1630 6TH ST, US 17, NW WINTER HAVEN, FL 00000</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034 (9/01)

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: *A. W. Parmar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

863-293-3658

Daytime Phone #