

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #
 1. Entity Name: **97000002573**
DAJK INCORPORATION

FILED
00 DEC 26 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3725 DALE STREET**
LAKELAND, FL 33813

Mailing Address: **SAME**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **61-134469** Applied For: Not Applicable:

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JERRY POWERS
3725 DALE STREET
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

Name: **TERRY POWERS**

Street Address (P.O. Box Number is Not Acceptable): **3725 DALE STREET**

City: **LAKELAND** State: **FL** Zip Code: **33813**

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: **TERRY POWERS** *Terry Powers* DATE: **12-8-00**

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
ARRR 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: C <input checked="" type="checkbox"/> Delete	NAME: DON HOWARD
STREET ADDRESS: 39N. PEACH STREET	CITY-ST-ZIP: THELMA, KY 41426
TITLE: VC <input checked="" type="checkbox"/> Delete	NAME: ALENE HOWARD
STREET ADDRESS: 39N. PEACH STREET	CITY-ST-ZIP: THELMA, KY 41260
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: TERRY POWERS
STREET ADDRESS: 3725 DALE STREET	CITY-ST-ZIP: LAKELAND, FL 33813
TITLE: VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: RESSIE POWERS
STREET ADDRESS: 3725 DALE STREET	CITY-ST-ZIP: LAKELAND, FL 33813
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 200003532282--3	CITY-ST-ZIP: -01/11/01--01019--011
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: *****01.25 *****01.25	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: **TERRY POWERS** *Terry Powers* DATE: **12-8-00** 863-619-7866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SP