

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **97000002573**

**DAJK INCORPORATION**

Principal Place of Business

Mailing Address

**3725 DALE STREET  
LAKELAND, FL 33813**

**SAME**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JERRY POWERS  
3725 DALE STREET  
LAKELAND, FL 33813**

Name  
**TERRY POWERS**

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

City  
**LAKELAND**

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**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**12-8-00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete  
NAME **DON HOWARD**  
STREET ADDRESS **39N. PEACH STREET**  
CITY-ST-ZIP **THELMA, KY 41426**

TITLE **C** ☒ Change ☐ Addition  
NAME **TERRY POWERS**  
STREET ADDRESS **3725 DALE STREET**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **VC** ☒ Delete  
NAME **ALENE HOWARD**  
STREET ADDRESS **39N. PEACH STREET**  
CITY-ST-ZIP **THELMA, KY 41260**

TITLE **VC** ☒ Change ☐ Addition  
NAME **RESSIE POWERS**  
STREET ADDRESS **3725 DALE STREET**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**200003532282--3**  
**-01/11/01--01019--011**  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**SP**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12-8-00 863-619-7866**

CR2E034 (9/99)