

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65201

1. Entity Name

D. J. ENTERPRISES OF S. W. FLORIDA, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90001 038 ***150.00

Principal Place of Business

805 SE 47TH TERR
CAPE CORAL FL 33904

Mailing Address

3906 S.E. 19TH PLACE
CAPE CORAL FL 33904-5013

2. Principal Place of Business

3816 CHIQUITA BLVD. S.
Suite, Apt. #, etc.
CAPE CORAL FL.

3. Mailing Address

3816 CHIQUITA BLVD. S.
Suite, Apt. #, etc.
N/A



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

59-2368300

Applied For

Not Applicable

Zip

33914

Country

U.S.A.

Zip

33914

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULSLANDER, DONALD J.
3906 S.E. 19TH PLACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name
HULSLANDER, STEVEN M.

Street Address (P.O. Box Number is Not Acceptable)

1110 S.W. 42ND STREET

City

CAPE CORAL

FL

Zip Code

33914

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 DONALD J. HULSLANDER

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

(NOTE: Registered Agent signature required when reinstating)

January 24, 2000
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HULSLANDER, DONALD J.	
STREET ADDRESS	3906 S.E. 19TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HULSLANDER, MARY E.	
STREET ADDRESS	3906 S.E. 19TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HULSLANDER, STEVEN M.	
STREET ADDRESS	1110 S.W. 42ND STREET	
CITY-ST-ZIP	CAPE CORAL FL, 33914	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HULSLANDER, CAROL A.	
STREET ADDRESS	1110 S.W. 42ND STREET	
CITY-ST-ZIP	CAPE CORAL FL, 33914	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSLANDER, STEVEN, M.	
STREET ADDRESS	1110 S.W. 42ND STREET	
CITY-ST-ZIP	CAPE CORAL, FLORIDA 33914	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSLANDER, CAROL A.	
STREET ADDRESS	1110 S.W. 42ND STREET	
CITY-ST-ZIP	CAPE CORAL, FLORIDA 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowerments.

SIGNATURE: DONALD J. HULSLANDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 24, 2000
Date

941-542-5541
Daytime Phone #

CR2E034 (9/99)