

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90034 036 ***150.00

DOCUMENT # H45124

1. Entity Name
DORJAN, INC.

Principal Place of Business
303 HWY 301 S.
HAWTHORNE FL 32640

Mailing Address
P.O. BOX 2099
HAWTHORNE FL 32640

2. Principal Place of Business
7230 S.E. US Highway 301

3. Mailing Address
 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hawthorne, FL

City & State

4. FEI Number **59-2501021**

Applied For
 Not Applicable

Zip
32640

Country
USA

Zip

Country

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

SEGAL, JANE L.
145 TWIN LAKES RD
HAWTHORNE FL 32640

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 *Jane L. Segal* **Jane L. Segal, President**

4-13-01

(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, 2001 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 **P** ☐ Delete
 NAME **SEGAL, JANE L.**
 STREET ADDRESS **145 TWIN LAKES RD**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **SEGAL, ROBERT D**
 STREET ADDRESS **145 TWIN LAKES RD**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 another like empowered.

SIGNATURE: *Jane L. Segal* **Jane L. Segal, President** **4-13-01** **352-481-4436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)