

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/22/00-90056-025-\$150.00-\$150.00.

**DOCUMENT # K96404**

1. Entity Name

**DJ ENTERPRISES OF PANAMA CITY, INC.**

**FILED**

**00 MAR 10 PM 2:48**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 434 S TYNDALL PKWY PANAMA CITY FL 32411 US	Mailing Address 1813 THOMAS DRIVE PANAMA CITY FL 32408-5834
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2958144</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ROBERT HUGHES, BARON, REDDING & HUGHES**  
220 MCKENZIE AVENUE  
P.O. BOX 2467  
PANAMA CITY FL 32402

*Correction*

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

Name: **ROBERT HUGHES**  
Street Address (P.O. Box Number is Not Acceptable): **BARON, REDDING & HUGHES**  
**220 MCKENZIE AVE, P.O. Box 2467**  
City: **PANAMA CITY** FL Zip Code: **32402**

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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STURMAN, RICHARD N</b> <i>PRESIDENT</i> <b>141 MARLIN CIRCLE</b> <b>PANAMA CITY BCH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STURMAN, DOROTHY JEAN</b> <i>VP - CFO</i> <b>141 MARLIN CIRCLE</b> <b>PANAMA CITY BCH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ERIC BAKER</b> <b>1316 PADDOCK CLUB DRIVE</b> <b>VP OF OPERATIONS</b> <b>PANAMA CITY BEACH, FL 32407</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Richard N. STURMAN** 2-16-2000 233-975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2/Enr/10000