## **FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90166 024 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

**DOCUMENT #** 

K96404

1. Entity Name

DJ ENTERPRISES OF PANAMA CITY, INC.

					ŀ	1000	WE TEST					
Principal Pla 1813 THOMA SUITE 7 PANAMA CIT US		ss	1813 Suit	ng Address THOMAS DR E 7 AMA CITY FL 32408						8927 11111111111		
2. Principal Place of Business			3. Mailing Address				-	1		HARIN 1984 1984 BIY	H BIBH BIBH	BABAA BABAA ABBA
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State					<b>4</b> . F	El Number 59-295814	4	· ·	applied For
Zip	Zip Country		Zip	Zip Co		puntry		5. (	Dertificate of Status Desired		8.75 Ad	ditional
	6. Name	and Address of Current	Register	ed Agent	~_~~ ^ ^			<u>1.</u> 7.∼N	ame and Address of New		•	
			<del>7</del>			Name				inglotored A	jone	
ROBERT HUGHES, BARON, REDDING & HUGHES												
220 MCKENZIE AVENUE							Street Address (P.O. Box Number is Not Acceptable)					
P.O. BOX 2467												
PANAMA CITY FL 32402						City			. =		T = -	
						,				FL	Zip Coo	
8. The above	e named entit tions of regist	y submits this statement for	r the purp	ose of changing its	registered	d office o	r registere	ed age	ent, or both, in the State of F.	lorida. I am fa	niliar with,	and accept
	tions of regist	ered agent.		•								
SIGNATURE		······································										<u> </u>
-	Signature typed	or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registered /	Agent signat	ture required	when rei	nstating)	DATE		
		! FEE IS \$150.00						İ	9. Election Campaign Fi	inancing	<b>\$5.0</b>	<b>)0</b> May Be
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									Trust Fund Contribution	~ —		d to Fees
10. OFFICERS AND								ADI	DITIONS (CHANCES TO OF	CIOCDO AND E	UDECTOR	0.111.44
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STREET ADDRESS	6609 THO	MAS DR, UNIT 101			1	ADDRESS	1813	7	Romas DR		_	
CITY-ST-ZIP	PANAMA	CITY FL 32408			CITY-S	T-ZIP	PAN	n m	A CON FL	3240	>	
TITLE	VCFO			☐ Delete	TITLE	- <del></del>	VP.	- Ca	A CITY FL.		Change	☐ Addition
NAME		, dorothy Jean			NAME		Das	on th	V JERINE STU	RMAN	_ •	_ }
STREET ADDRESS		MAS DR, UNIT 101				ADDRESS	1913	- N	omas DR F		- 6	
CITY-ST-ZIP	<del>                                     </del>	CITY FL 32408			CITY-S	T- ZIP	VA I	מ.אע		324	08_	
TITLE	VPO	310		☐ Delete	TITLE	<b>-</b>	lic	e. 1	ResiDENT - OPE	RATION	Change	☐ Addition
STREET ADDRESS	BAKER, EF P O BOX 2				NAME	ADDRESS	ER	/C	BAKER			
CITY-ST-ZIP		CITY FL 32411-8151			CITY-SI		1813		BAKER HOMAS DR TA CITY, FL	23.100		
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STREET ADDRESS						ADDRESS						
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NAME STREET ADDRESS					NAME	10000000						
STATE ADDRESS					5 STHEET	address						(

12. 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: