

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90038 009 ***150.00

DOCUMENT # L01000008484

1. Entity Name

DJD ENTERPRISES, LLC

Principal Place of Business

**2836 SEABREEZE DRIVE SOUTH
 GULFPORT FL 33707-3910**

Mailing Address

**2836 SEABREEZE DRIVE SOUTH
 GULFPORT FL 33707-3910**

2. Principal Place of Business

2333 34th St. S.

Suite, Apt. #, etc.

3. Mailing Address

5401 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3723322

Applied For

Not Applicable

Zip

Country

33711

Zip

Country

33710

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROTH, JEFFREY C ESQUIRE
 ROTH & SCHOLL
 1500 SAN REMO AVENUE, SUITE 176
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name **Carol McAtee**

Street Address (P.O. Box Number is Not Acceptable)
5401 Central Ave.

City **St. Petersburg**

FL

Zip Code **33710**

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 *Carol McAtee*

CAROL McAtee

2/21/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Delete
 NAME **MGR DELGADO, DIMITRI**
 STREET ADDRESS **2836 SEABREEZE DRIVE SOUTH**
 CITY-ST-ZIP **GULFPORT FL 33707-3910**

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

2/22/02

727-417-3349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CFR2E083 (9/01)