

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90010 035 \*\*\*150.00

**DOCUMENT # L38475**

1. Entity Name

**DEBORAH JAMES ENTERPRISES, INC.**

Principal Place of Business

7896 WILES ROAD  
 500 E BROWARD BLVD #1950  
 CORAL SPRINGS FL 33067  
 US

Mailing Address

% DAVID C. HARDIN  
 500 E BROWARD BLVD #1950  
 FT LAUDERDALE FL 33394-3004

2. Principal Place of Business

7902 Wiles Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs Fla

City & State

4. FEI Number

59-2778310

Applied For

Not Applicable

Zip

Country

33067

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

HARDIN, DAVID C.  
 500 E BROWARD BLVD  
 SUITE 1950  
 FT LAUDERDALE FL 33394

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

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME DP  
 SHUART, STEVEN  
 STREET ADDRESS 4060 N.W. 94 TERRACE  
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME DVS  
 SHUART, DEBORAH  
 STREET ADDRESS 4060 N.W. 94 TERRACE  
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  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 empowered.

SIGNATURE:

*David C. Hardin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 9543446011

CR2E034 (9/99)