

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90217 024 \*\*\*150.00

**DOCUMENT # L59534**

1. Entity Name

**D.J.C., INC.**

Principal Place of Business

**C/O DONALD N. CATE**  
~~622 182ND AVENUE~~  
**REDINGTON SHORES FL 33708**

Mailing Address

**C/O DONALD N. CATE**  
~~622 182ND AVENUE~~  
**REDINGTON SHORES FL 33708**

2. Principal Place of Business

**18220 Sunset Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Redington Shores, FL**

City & State

4. FEI Number

**59-3069050**

Applied For

Not Applicable

Zip

**33708**

Country

**USA**

Zip

**33708**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

**CATE, DONALD N.**  
~~**622 182ND AVENUE**~~  
~~**REDINGTON SHORES FL 33708**~~

7. Name and Address of New Registered Agent

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. ☐ (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 **CATE, DONALD N.**  
STREET ADDRESS ~~**622 182ND AVENUE**~~  
CITY-ST-ZIP ~~**REDINGTON SHORES FL**~~

TITLE ☐ Change ☐ Addition  
NAME **18220 Sunset Blvd**  
STREET ADDRESS **Redington Shores, FL**  
CITY-ST-ZIP **33708**

TITLE **ST** ☐ Delete  
NAME **CATE, DEBORAH, A**  
STREET ADDRESS ~~**622 182ND AVE**~~  
CITY-ST-ZIP ~~**REDINGTON SHORES FL**~~

TITLE ☐ Change ☐ Addition  
NAME **18220 Sunset Blvd**  
STREET ADDRESS **Redington Shores, FL**  
CITY-ST-ZIP **33708**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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STREET ADDRESS  
CITY-ST-ZIP

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

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:

**Deborah A. Cate**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEBORAH A. CATE**

**727-391-4052**  
Date Daytime Phone #

CR2E034 (10/00)