

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90440 018 ***150.00

DOCUMENT # L59534

1. Entity Name
D.J.C., INC.

Principal Place of Business
C/O DONALD N. CATE
18220 SUNSET BLVD
REDINGTON SHORES FL 33708

Mailing Address
C/O DONALD N. CATE
622 182ND AVENUE
REDINGTON SHORES FL 33708
18220 Sunset Blvd



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3069050**

Applied For
 Not Applicable

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

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

18220 Sunset Blvd.

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, 2002 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**
 NAME **CATE, DONALD N.**
 STREET ADDRESS **1820 SUNSET BLVD**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**
18220 Sunset Blvd

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
18220 Sunset Blvd

TITLE **ST**
 NAME **CATE, DEBORAH, A**
 STREET ADDRESS **18220 SUNSET BLVD**
 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

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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

Date

Daytime Phone #

4/30/02

727-391-4052

CR2E034 (9/01)