

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L68475

1. Entity Name

D & J INDUSTRIES, INC.



FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90103 045 ***550.00

Principal Place of Business

ROUTE 7, BOX 7810
MILE MARKER 30.5
BIG PINE KEY FL 33043
US

Mailing Address

POST OFFICE BOX 430654
MILE MARKER 30.5
BIG PINE KEY FL 33043
US

2. Principal Place of Business

30320 Overseas Highway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

Zip

33043

Country

US

City & State

Zip

Country

4. FEI Number

65-0191592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWELL, GUS ESQ
91760 OVERSEAS HIGHWAY
(POST OFFICE BOX 777)
TAVENIER FL 33070

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P ☐ Delete
NAME JORDAN, RANDY G.
STREET ADDRESS #4 IBIS LANE
CITY-ST-ZIP MARATHON FL

TITLE V ☐ Delete
NAME SNIDER, JEFFREY
STREET ADDRESS 111 BARBADOS
CITY-ST-ZIP RAMROD KEY FL

TITLE TS ☐ Delete
NAME THORLEY, JOHN F
STREET ADDRESS 2660 YELLOWTAIL DRIVE
CITY-ST-ZIP MARATHON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE *Shirley Sec/Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/28/00 305 872 0607

Daytime Phone #

CR2E034 (5/00)