## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # L86419 Sep 01, 2000 8:00 am Secretary of State 1. Entity Name DJW PROPERTIES, INC. 09-01-2000 90056 002 \*\*\*550.00 Principal Place of Business Mailing Address %DOUGLAS J WEILAND %DOUGLAS J WEILAND 2250 DREW ST 2250 DREW ST CLEARWATER FL 34625 CLEARWATER FL 34625 2. Principal Place of Business 3. Mailing Address 3281 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3021422 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Douglas J Weiland WEILAND, DOUGLAS J Street Address (P.O. Box Number is Not Acceptable) 2250 DREW ST **CLEARWATER FL 34625** and mark DR. anging its registered office or registered agent, or both, in the State of Florida 8. The above named epitty submits this tatement for SIGNATURE when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition TITLE ☐ Delete WEILAND, DOUGLAS J MAME NAME 2250 DREW ST STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exempt in stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental regularity use 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 reported by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

SIGNATURE: