

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86234

1. Entity Name

WHJ/DHJ ENTERPRISES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90284 010 \*\*\*150.00

Principal Place of Business

1811 N BELCHER RD.  
 STE. I-2  
 CLEARWATER FL 34625  
 US

Mailing Address

1811 N BELCHER RD.  
 STE. I-2  
 CLEARWATER FL 33765-1433  
 US

2. Principal Place of Business

300 Golf Brook Circle  
 Suite, Apt. #, etc.  
 Apt 204

3. Mailing Address

300 Golf Brook Circle  
 Suite, Apt. #, etc.  
 Apt 204

City & State

Longwood FL  
 Zip  
 32779

City & State

Longwood FL  
 Zip  
 32779

4. FEI Number

59-2896806

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

JONES, DEBORAH H  
 1811 N BELCHER RD.  
 STE. I-2  
 CLEARWATER FL 34625

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, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	JONES, W.H.	
STREET ADDRESS	1811 N BELCHER RD. SUITE I-2	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JONES, DEBORAH H	
STREET ADDRESS	1811 N BELCHER RD I2	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 Golf Brook Circle Apt 204	
CITY-ST-ZIP	Longwood FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 H. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH H. JONES

4/25/2000

Date

407-788-6265

Daytime Phone #

CR2E034 (9/99)