

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90312 002 \*\*\*150.00

DOCUMENT # M99120

1. Entity Name  
D.J.K. RSA CELLULAR, INC.

Principal Place of Business

224 CESSNA BLVD  
DAYTONA BEACH FL 32124  
US

Mailing Address

2645 SLOW FLIGHT DRIVE  
DAYTONA BEACH FL 32124  
US

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 59-2906550

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

KENNEDY, JAMES A.  
2645 SLOW FLIGHT DRIVE  
DAYTONA BEACH FL 32124

Change to  
DORIS J. KENNEDY

Name

DORIS J. KENNEDY

Street Address (P.O. Box Number is Not Acceptable)

2645 SLOW FLIGHT DR

DAYTONA BEACH FL

City

FL

Zip Code

32124

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 DORIS J. KENNEDY  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-2001

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 PT  
NAME KENNEDY, JAMES A. ☒ Delete  
STREET ADDRESS 2645 SLOW FLIGHT DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE S  
NAME KENNEDY, DORIS J. ☐ Delete  
STREET ADDRESS 2645 SLOW FLIGHT DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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: Doris J. Kennedy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2001 904-756-7980  
Date Daytime Phone #

CR2E034 (10/00)

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDATYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

LOCAL FILE NO.

**Attachment Doc# M99120**  
**983499**

1. DECEDENT'S NAME FIRST: JAMES MIDDLE: LAST: KENNEDY		2. SEX MALE	
3. DATE OF DEATH (Month, Day, Year) May 9, 2000		4. SOCIAL SECURITY NUMBER 270-32-1481	
5a. AGE - Last Birthday (Years) 64		5b. UNDER 1 YEAR Months: Days: 5c. UNDER 1 Day Hours: Minutes:	
6. DATE OF BIRTH (Month, Day, Year) November 17, 1935		7. BIRTHPLACE (City and State or Foreign Country) Defiance, Ohio	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO		9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence XX Other (Specify) Area	
9b. INSIDE CITY LIMITS? (Yes or No) No		9c. FACILITY NAME (If not institution, give street and number) Wooded Area near CR 415 and Leffler Landing Road	
9d. CITY, TOWN, OR LOCATION OF DEATH near New Smyrna Beach		9e. COUNTY OF DEATH Volusia	
10a. DECEDENT'S USUAL OCCUPATION Communications Owner		10b. KIND OF BUSINESS/INDUSTRY Married	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Doris Brodbeck	
13a. RESIDENCE - STATE Florida		13b. COUNTY Volusia	
13c. CITY, TOWN, OR LOCATION Daytona Beach		13d. STREET AND NUMBER 2645 Slow Flight Drive	
13e. INSIDE CITY LIMITS? (Yes or No) Yes		13f. ZIP CODE 32124	
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) Specify: X No ___ Yes		15. RACE - American Indian, Black, White, etc. Specify White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary: College (1-4 or 5+) 12		17. FATHER'S NAME (First, Middle, Last) Reuel Kennedy	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Marvel Moon		19a. INFORMANT'S NAME (Type/Print) Doris Kennedy	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2645 Slow Flight Dr., Daytona Beach, FL 32124		20a. METHOD OF DISPOSITION ___ Burial <input checked="" type="checkbox"/> Cremation ___ Removal from State ___ Donation ___ Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mid Florida Crematory		20c. LOCATION - City or Town, State DeLand, Florida	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Diana L Vango		21b. LICENSE NUMBER (of Licensee) 4291	
21c. NAME AND ADDRESS OF FACILITY Volusia Memorial Funeral Home 4815 Clyde Morris Port Orange, Florida 32127		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Thomas R. Parsons</i>	
22b. DATE SIGNED (Mo., Day, Yr) May 10, 2000		22c. HOUR OF DEATH Unknown	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Thomas R. Parsons</i>	
23b. DATE SIGNED (Mo., Day, Yr) May 10, 2000		23c. HOUR OF DEATH Unknown	
23d. MEDICAL EXAMINER'S CASE # 00-07-00268		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Thomas R. Parsons, MD 1360 Indian Lake Road Daytona Beach, FL 32124	
25a. SUBREGISTRAR - SIGNATURE AND DATE <i>Thomas R. Parsons</i>		25b. LOCAL REGISTRAR - SIGNATURE <i>Thomas R. Parsons</i>	
25c. DATE REGISTERED May 15, 2000		26. PART I. Enter the diseases, injuries, or complications that caused the death or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Multiple Blunt Force Injuries</i> a. DUE TO (OR AS A CONSEQUENCE OF): b. Aircraft Mishap c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		27a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes	
27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) Yes		28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes	
29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No		30a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
30b. DATE OF SURGERY (Mo., Day, Year)		31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined. ACCIDENT	
32a. DATE OF INJURY (Month, Day, Year) May 9, 2000		32b. TIME OF INJURY Unk.	
32c. INJURY AT WORK? (Yes or No) No		32d. DESCRIBE HOW INJURY OCCURRED Private Plane Crash	
32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) Wooded Area		32f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Wooded Area; CR 415 and Leffler Landing Rd. near New Smyrna Bch, FL	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

MAY 18 2000

BY: *Carole Medeiros, CDR* State Registrar

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

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THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1564A (2/99)

FLORIDA DEPARTMENT OF  
HEALTH

CERTIFICATION OF VITAL RECORD