

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90069 029 ***150.00

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DOCUMENT # P00000032981

1. Entity Name
DJB, INC.



Principal Place of Business
2910 KEW CT.
TALLAHASSEE FL 32308

Mailing Address
2910 KEW CT.
TALLAHASSEE FL 32308

2. Principal Place of Business
2473 Greer Rd.
Suite, Apt. #, etc.

3. Mailing Address
2473 Greer Rd.
Suite, Apt. #, etc.

City & State
Tallahassee FL
Zip
32308
Country

City & State
Tallahassee FL
Zip
32308
Country

4. FEI Number 59-3636072

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HORNE, GRACE C
2910 KEW CT.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Donna Brumfield
Street Address (P.O. Box Number is Not Acceptable)
3 Valley Ridge Rd.
City Monticello FL Zip Code 32344

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donna Brumfield
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4-29-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME HORNE, GRACE C
STREET ADDRESS 2910 KEW CT.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete
NAME JONES, DONNA
STREET ADDRESS 3 VALLEY RIDGE RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 Monticello FL 32344

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Brumfield 4/29/03 297-0298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (10/02)