FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attache

SIGNATURE: \_

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000040550 1. Entity Name D.J.P.P.S., INC. 04-30-2001 90439 026 \*\*\*150.00 Principal Place of Business Mailing Address 422 BLAIRMORE BLVD: WEST 422-BLAIRMORE BLVD, WEST UUU56320 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address 540 4toxo Diery 540 thornberry Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>59-3647789</u> Drance Not Applicable <u>Orange</u> Country \$8.75 Additional 5. Certificate of Status Desired > A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JOHNSTON, DAVID 422 BLAIRMORE BLVD WEST 4 hours beer **ORANGE PARK FL 32073** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ■ Addition JOHNSTON, DAVID JOHNSTON, David NAME NAME STREET ADDRESS 422 BLAIRMORE BLVD. WEST STREET ADDRESS 540 YHORN DERRY CITY-ST-ZIP ORANGE-PARK-FL-32073 CITY-ST-2/P ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR