

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91191 005 ***150.00

DOCUMENT # **P01000023254**

1. Entity Name

DPJ, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6848 Copperfield Dr.

Suite, Apt. #, etc.

3. Mailing Address

1324 Seven Springs Blvd.

Suite, Apt. #, etc.

#191

DO NOT WRITE IN THIS SPACE

City & State

New Port Richie, FL

City & State

New Port Richie, FL

4. FEI Number

59-3704585

Applied For

Not Applicable

Zip

34655

Country

PASCO

Zip

34655

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Luann Cappola

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

6848 Copperfield Dr.

City

New Port Richie

FL

Zip Code

34655

**DO NOT WRITE
IN THIS SPACE**

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

Luann Cappola

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
LUANN CAPPOLA
6848 COPPERFIELD DR.
New Port Richie, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luann Cappola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

CR2E034B (12/01)