

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # **P01000090558**

1. Entity Name  
**NDJ, INC.**



Principal Place of Business  
**4000-B ST JOHNS AVE. SUITE 22  
JACKSONVILLE FL 32205**

Mailing Address  
**4000-B ST JOHNS AVE. SUITE 22  
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**41-2107321**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOLING, JOHN L  
1000 RIVERSIDE AVE, SUITE 555  
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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 **WEED, EDWIN G**  
STREET ADDRESS **4000-B ST JOHNS AVE, SUITE 22**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Delete  
NAME **WEED, DONALD T**  
STREET ADDRESS **4000-B ST JOHNS AVE, SUITE 22**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Delete  
NAME **WEED, JOSEPH D III**  
STREET ADDRESS **4000-B ST JOHNS AVE, SUITE 22**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** ☐ Delete  
NAME **WEED, ANNE T**  
STREET ADDRESS **4000-B ST JOHNS AVE, SUITE 22**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

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

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

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/12/03**

Date

Daytime Phone #

**(904) 384-3684**

CR2E034 (4/03)

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOLING, JOHN L  
1000 RIVERSIDE AVE, SUITE 555  
JACKSONVILLE FL 32204

Name

Street Address (P.O.)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required.)

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
D  
WEED, EDWIN G  
4000-B ST JOHNS AVE, SUITE 22  
JACKSONVILLE FL 32205

Delete

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CITY-ST-ZIP  
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JACKSONVILLE FL 32205

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

Delete

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03

Date

Daytime Phone #

Attachment

86144672

☐ CHECK HERE IF MAKING CHANGES

1. FEI Number **APPLIED FOR**

Applied For

Not Applicable

2. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

3. Name and Address of New Registered Agent

JOSEPH D WEED JR.  
ANNE TOPPING WEED  
4334 MCGIRT BLVD  
JACKSONVILLE, FL 32210  
Merrill Lynch

Cash Management Account  
\$550.00  
421