2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 05, 2003 8:00 am Secretary of State 08-14-2003 90069 035 ***550.00 P01000090558 **DOCUMENT #** 04-17-2003 90180 035 ***150.00 1. Entity Name 09-05-2003 90103 029 *****8.75 NDJ, INC. Principal Place of Business Mailing Address 4000-B ST JOHNS AVE. SUITE 22 4000-B ST JOHNS AVE. SUITE 22 JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. T CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 41-2107 Not Applicable Country Zio Country Zip \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOLING, JOHN L Street Address (P.O. Box Number is Not Acceptable) 1000 RIVERSIDE AVE. SÚITE 555 JACKSONVILLE FL 32204 9. 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) FILE NOW!!! FEE IS \$550.00 225 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 H7 5 ☐ Added to Fees Trust Fund Contribution, Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition WEED, EDWIN G MAME NAME STREET ADDRESS 4000-B ST JOHNS AVE. SUITE 22 STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME WEED, DONALD T NAME 4000-B ST JOHNS AVE, SUITE 22 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE WEED, JOSEPH D !!! _ NAME MAME 4000-B ST JOHNS AVE. SUITE 22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE PL 32205 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WEED, ANNE T NAME NAME 4000-B ST JOHNS AVE, SUITE 22 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Delete Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST.7IP Change Addition TITLE TITLE NAME . NAME STREET ADDRESS 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). Fforida 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 it 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 attachnized with an address, with all other like empowered.

SIGNATURE:

SIGNATION REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

<u> 384 - 3684</u>

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P01000090558



NDJ, INC.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing ddress

City & State

2io

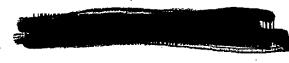
Suite, Apt. #, etc.

4000-B ST JOHNS AVE. SUITE 22

JACKSONVILLE FL 32205

86144672

Attachment



CHECK	HERE'IF	MAKING	CHANGES

1. FEI Number APPLIED FOR

Applied For Not Applicable

. Certificate of Status Desired

5

9689

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLING JOHN L

1000 RIVERSIDE AVE, SUITE 555

JACKSONVILLE FL 32204

Name .

Country

Street Address (F.

City

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

SIGNATURE

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

(NOTE: Registered Agent signature required take

FILE NOW!!! FEE IS \$550.00 (1) F

Country

10.	OFFICERS AND DIRECT	11,	
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O ddition

Cash Man

Management Acco

Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Station 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accivate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition 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 change 1, or on an attaching of with an address, with all other if a empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

112/03

(904) 384-3684

Daytime Phone #