

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-15-2002 90156 046 ***150.00
05-29-2002 90688 032 ***150.00

DOCUMENT # **P01000114903** ✓
1. Entity Name
D. J. COURIER

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4103 NW 50 ST Suite, Apt. #, etc. TAMARAC, FL City & State 33319 U.S.A. Zip Country		3. Mailing Address 4103 NW 50 ST Suite, Apt. #, etc. TAMARAC, FL City & State 33319 U.S.A. Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0023043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name AS ABOVE	
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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MANAGER DANIEL JACKSON 4703 NW 50 ST TAMARAC, FL 33319
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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 a power like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-20-02 **254-383-5266**
Date Daytime Phone #

CR2E034B (12/01)