

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90073 010 \*\*\*150.00

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**DOCUMENT # P01000116229**

1. Entity Name

**DJRJ2 INCORPORATED**



Principal Place of Business

**2300 S. FIRST STREET  
LAKE CITY FL 32025  
CO**

Mailing Address

**P.O. BOX 805  
LAKE CITY FL 32056  
CO**

2. Principal Place of Business

**861 NW Eadie St.**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Lake City, FL**

City & State

Zip

Country

**32055 Columbia**

Country

4. FEI Number

**59-3758746**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CHARLES, JOSEPH M JR**

**P.O. BOX 805**

**LAKE FL 32056**

7. Name and Address of New Registered Agent

Name

**Joseph M. Charles Jr.**

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

**861 NW Eadie St.**

City

**Lake City**

FL

Zip Code

**32055**

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

*Joseph M. Charles Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

**1-28-03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DR  
CHARLES, JOSEPH M JR  
PO BOX 805  
LAKE CITY FL 32056**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Joseph M. Charles Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-03**  
Date

**306-755-9150**  
Daytime Phone #

CR2034 (10/02)