

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90113 001 ***150.00

DOCUMENT # P02000098505

1. Entity Name
DJM & NEM, ETC., INC.



Principal Place of Business
5810 ARBOR WALK LANE
TAMPA FL 33624

Mailing Address
5810 ARBOR WALK LANE
TAMPA FL 33624



2. Principal Place of Business
6860 GULFPORT BLVD. SOUTH

3. Mailing Address
6860 GULFPORT BLVD. SOUTH

Suite, Apt. #, etc.
SOUTH PASADENA FLA.

Suite, Apt. #, etc.
SOUTH PASADENA FLA.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip
33707

Country
PINEALLAS

Zip
33707

Country
PINEALLAS

4. FEI Number

22-3873924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARINO, DENNIS J
5810 ARBOR WALK LANE
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **MARINO DENNIS J.**

Street Address (P.O. Box Number is Not Acceptable)
6860 GULFPORT BLVD. SOUTH

SOUTH PASADENA

City

FL

Zip Code
33707

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, DENNIS J 5810 ARBOR WALK LANE TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/03

727 386245

CR2E034 (10/02)