

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90148 030 \*\*\*150.00

**DOCUMENT # P92000010967**

1. Entity Name  
**DOR-JAM, INC.**



Principal Place of Business  
**8109 ALISTER PLACE  
PORT SAINT LUCIE FL 34986  
US**

Mailing Address  
**8109 ALISTER PLACE  
PORT SAINT LUCIE FL 34986  
US**

2. Principal Place of Business  
**8821 ONE PUTT PLACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**8821 ONE PUTT PLACE**  
Suite, Apt. #, etc.

City & State  
**ST. LUCIE WEST FL**  
Zip  
**34986** Country  
**ST. LUCIE**

City & State  
**ST. LUCIE WEST, FL**  
Zip  
**34986** Country  
**34986**

4. FEI Number **65-0379213**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**ZAHARAKO, JAMES G  
8109 ALISTER PLACE  
PORT SAINT LUCIE FL 34986**

## 7. Name and Address of New Registered Agent

Name

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

**8821 ONE PUTT PLACE**

City **ST. LUCIE WEST**

**FL**

Zip Code  
**34986**

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

(NOTE: Registered Agent signature required when re-registering)

**3-20-03**  
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 ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ZAHARAKO, JAMES G**  
STREET ADDRESS **8109 ALISTER PLACE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **D** ☐ Delete  
NAME **ZAHARAKO, DOROTHY B**  
STREET ADDRESS **8109 N ALISTER PLACE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **8821 ONE PUTT PLACE**  
CITY-ST-ZIP **ST. LUCIE WEST FL 34986**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8821 ONE PUTT PLACE**  
CITY-ST-ZIP **ST. LUCIE WEST, FL 34986**

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  
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

**3-20-03**

**305-632-8633**

Date

Daytime Phone #

CR2E034 (10/02)