## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P94000054159** Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** D.J.W., INC. 03-15-2000 90057 016 \*\*\*150.00 Mailing Address Principal Place of Business 1020 W INTERNATIONAL SPEEDWAY BLVD 1910 WELLS RD DAYTONA BEACH FL 32114-3422 ORANGE PARK FL 32073 00037685 3. Mailing Address 2. Principal Place of Business 347 S. Ridgewood Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3266335 Not Applicable Daytona Beach, Country U.S.A. \$8.75 Additional Zip Country Zip 321-14-4934 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Daniel J. Webster WEBSTER, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 1020 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 347 S. Ridgewood Avenue FL 3219424934 Daytona Beach etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change ☐ Delete TITLE WEBSTER, DAVID NAME 1910 WELLS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP Addition Change ☐ Delete TITLE BARRON, DONNA NAME 1910 WELLS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL** CITY-ST\_ZIP\_\_ ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.