

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90093 019 ***550.00

DOCUMENT # P94000072132

1. Entity Name

DJG, INC.

Principal Place of Business

1148 PINE STREET
 JACKSONVILLE FL 32258

Mailing Address

1148 PINE STREET
 JACKSONVILLE FL 32258

2. Principal Place of Business

11480 Pine St

Suite, Apt. #, etc.

3. Mailing Address

11480 Pine St

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

Zip 32258

Country USA

City & State

JACKSONVILLE FLA

Zip 32258

Country USA

4. FEI Number

59-3272312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TOUSEY, CLAY B JR.

1 INDEPENDENT DR., STE. 2600

JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D** ☒ Delete
 NAME **DUDLEY, JAMES M**
 STREET ADDRESS **11484 PINE STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **D** ☐ Delete
 NAME **DUDLEY, DANIEL P**
 STREET ADDRESS **11484 PINE STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **ST** ☒ Delete
 NAME **DUDLEY, MARILYN L.**
 STREET ADDRESS **11484 PINE ST**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **DUDLEY, GARY**
 STREET ADDRESS **11480 Pine St**
 CITY-ST-ZIP **JACKSONVILLE, FLA 32258**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **DUDLEY, Johnny**
 STREET ADDRESS **11478 Pine St**
 CITY-ST-ZIP **JACKSONVILLE, FLA 32258**

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marilyn L. Dudley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24, 2002 *268-9928*
 Date Daytime Phone #

CR2E034 (9/01)