

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90033 024 \*\*\*150.00

**DOCUMENT # P94000090769**

1. Entity Name  
**DDJP, INC.**

Principal Place of Business  
**620 MAITLAND AVE  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**620 MAITLAND AVE  
 ALTAMONTE SPRINGS FL 32701-6834**

2. Principal Place of Business  
**3764 S. Rio Grande Av**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3764 S. Rio Grande Av**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**59-3293998**

Applied For  
 Not Applicable

Zip Country  
**32839 USA**

Zip Country  
**32839 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLING, DAVID  
 620 MAITLAND AVE  
 ALTAMONTE SPRINGS FL 32701**

Name **Alice L. Kling**  
 Street Address (P.O. Box Number is Not Acceptable)  
**314 Orange DR #35**  
 City, State, Zip Code  
**Altamonte Springs FL 32701**

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 *Alice L. Kling*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**3/16/00**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **KLING, ALICE**  
 STREET ADDRESS **620 MAITLAND AVE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **VRATANINA, JEFFREY J**  
 STREET ADDRESS **1500 LEE RD #200**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **LONG, DOUGLAS F**  
 STREET ADDRESS **1500 LEE RD #200**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE  Change  Addition  
 NAME **President & Director**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **KLING, DAVID E**  
 STREET ADDRESS **620 MAITLAND AVENUE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE   Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **Director**  
 STREET ADDRESS **Richard MASI**  
 CITY-ST-ZIP **10711 EMERALD CHASE DR. ORLANDO, FL 32834**

TITLE  Delete  
 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: *Alice L. Kling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/20/00** DAYTIME PHONE #: **407-767-8170**

CR2E034 (9/99)