

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90092 025 ***150.00

DOCUMENT # P94000090769

1. Entity Name
DDJP, INC.

Principal Place of Business
**3764 S RIO GRANDE AVENUE
 ORLANDO FL 32839**

Mailing Address
**3764 S RIO GRANDE AVENUE
 ORLANDO FL 32839**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3293998**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**STRADER, ALICE
 536 E HIGHLAND ST
 ALTAMONTE SPRINGS FL 32701**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
STD STRADER, ALICE	3764 S RIO GRANDE AVE	ORLANDO FL 32839			
D VRATANINA, JEFFREY J	1500 LEE RD #200	ORLANDO FL 32810			
PD LONG, DOUGLAS F	1500 LEE RD #200	ORLANDO FL 32801			
D MASI, RICHARD	10711 EMERALD CHASE DRIVE	ORLANDO FL 32836			

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: *Richard Masi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 407-872-1002
 Date Daytime Phone #

CR2E034 (9/01)