

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028442

1. Entity Name

DS & WJ, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90087 007 \*\*\*158.75

Principal Place of Business

Mailing Address

2925 HWY. 17-92  
LONGWOOD FL 32750

P.O. BOX 521747  
LONGWOOD FL 32752-1747  
US

2. Principal Place of Business

445 DOUGLAS AVE.

3. Mailing Address

445 DOUGLAS AVE

Suite, Apt. #, etc.

SUITE 2005-5

Suite, Apt. #, etc.

SUITE 2005-5

City & State

ALTAMONTE SPRINGS FL ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

USA

Zip

32714

Country

USA

6. Name and Address of Current Registered Agent

CLARK, SCOTT  
2925 N. HWY. 17-92  
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name LAZINSK, STEPHEN A.  
Street Address (P.O. Box Number is Not Acceptable)  
445 DOUGLAS AVE  
SUITE 2005-5  
City ALTAMONTE SPRINGS FL Zip Code 32714

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.

STEPHEN A. LAZINSK

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/00

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

TITLE ST  
NAME LAZINSK, STEPHEN A  
STREET ADDRESS 2925 HWY 17-92  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE VP  
NAME SALE, DAVID K  
STREET ADDRESS 2925 HWY 17-92  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE P  
NAME CLARK, SCOTT  
STREET ADDRESS 2925 NORTH HWY. 17-92  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 445 DOUGLAS AVE. Suite 2005-5  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 445 DOUGLAS AVE. Suite 2005-5  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 445 DOUGLAS AVE. Suite 2005-5  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN A. LAZINSK

Date

4/21/00

Daytime Phone #

407-682-5566

CR2E034 (9/99)