

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90045 012 ***158.75

DOCUMENT # **P95000084743**



1. Entity Name
D. J. CONTRACTING OF JACKSONVILLE, INC.

Principal Place of Business 308 PICKETVILLE RD JACKSONVILLE FL 32220 US	Mailing Address 308 PICKETTVILLE ROAD JACKSONVILLE FL 32220 US
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90014989



2. Principal Place of Business	3. Mailing Address P.O. Box 8
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Jacksonville, Fla.
Zip	Country U.S.A
Country	Zip 32220-0008

4. FEI Number **59-3344354** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLD, KATHLEEN H
ONE INDEPENDENT DR STE 2301
JACKSONVILLE FL 32202**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	HAMILTON, DONNA J
STREET ADDRESS	308 PICKETTVILLE ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna J. Hamilton* **SIGNATURE REQUIRED** *Donna J. Hamilton* 1-23-03 904-786-5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)