

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90196 036 ***150.00

DOCUMENT # P96000003242

1. Entity Name
DJD, INC.

Principal Place of Business
17192 ALICO CENTER RD
FORT MYERS FL 33912
US

Mailing Address
17192 ALICO CENTER RD
FORT MYERS FL 33912
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0646903**

Applied For
 Not Applicable

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

ROMANO, FRANK
6719 WINKLER RD
STE 112
FORT MYERS FL 33919

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **DAVISON, DENNIS J**
 STREET ADDRESS **17192 ALICO CENTER ROAD**
 CITY-ST-ZIP **FORT MYERS FL**

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

TITLE **VD** ☐ Delete
 NAME **DAVISON, LYNNE M**
 STREET ADDRESS **17192 ALICO CENTER ROAD**
 CITY-ST-ZIP **FORT MYERS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 other like empowered.

SIGNATURE:

SIGNATURE (REQUIRED)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/02 **(239)** **267-2400**

CR2E034 (4/02)

Attachment
SUPERIOR FALLS

Floor Coverings

17192 Alico Center Road, Fort Myers, FL 33912
Phone (941) 267-2400 Fax (941) 267-6060

July 23, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P96000003242
Uniform Business Report

1675665

The 60 day notice we received on July 17, 2002 is the first notice we have received regarding the Uniform Business Report. I open the mail, pay the bills and record all information relative to the Company's operation and have found no evidence that we ever received a notice that this was due. I'm very sorry that it is not being sent in until now, but I didn't know about it.

Sincerely,

Leona McGuire

Leona McGuire

LM

ORIGINAL FILED
SUB-ORIGINAL FILED
AUTHORISED SIGNATURE
LEFT SIDE OF NO. 1