

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019912

1. Entity Name

D & J ADVERTISING AND MARKETING, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90014 007 ***150.00

Principal Place of Business

Mailing Address

2051 N.E. OCEAN BLVD
C-13
STUART FL 34996
US

2051 N.E. OCEAN BLVD
C-13
STUART FL 34996-2903
US

110444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3207 NE KAPOK CT

3207 NE KAPOK CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

City & State

JENSEN BEACH FL

4. FEI Number 59-3367502

Applied For

Not Applicable

Zip

Country

34957

Zip

Country

34957

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

DEW, DAVID C
4226 SE THIRD AVE.
CAPE CORAL FL 33904

Name

David C. Dew

Street Address (P.O. Box Number is Not Acceptable)

3207 NE KAPOK CT.

City

Jensen Beach

FL

Zip Code

34957

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, 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	P	<input type="checkbox"/> Delete
NAME	DEW, DAVID C	
STREET ADDRESS	2051 N.E. OCEAN BLVD, C-13	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEW, JANE M	
STREET ADDRESS	2051 N.E. OCEAN BLVD, C-13	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3207 NE KAPOK CT.	
STREET ADDRESS	JENSEN BEACH, FL.	
CITY-ST-ZIP	34957	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3207 NE KAPOK CT.	
STREET ADDRESS	JENSEN BEACH, FL.	
CITY-ST-ZIP	34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

x Pres -

Date

x(561) 225-8968

Daytime Phone #