04 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 593412233 P96-96961

1. Entity Name
HDJ ENTERPRISES (DBA) mail Box Etc #1984
4253 Chickasaw Trail
Orlando, FL 32825

FILED
04 APR -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4253 CHICKASAW TRAIL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO FLORIDA	
City & State	City & State
Zip 32825 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 593412233 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: HARRY S. SHAKES

Street Address (P.O. Box Number is Not Acceptable): 1306 Golfside Drive

City: Winter Park, FL FL Zip Code: 32792

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	HARRY S. SHAKES
STREET ADDRESS	1306 GOLFSIDE DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	Vice President Dale A. Shakes
NAME	
STREET ADDRESS	200 ST ANDREWS BLVD 2903
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	Secretary
NAME	JOYCE I. SHAKES
STREET ADDRESS	1306 GOLFSIDE DRIVE
CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000031851390
04/06/04 01005 001 **150.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Harry S. Shakes Pres 3/22/004 407-382-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #