

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90072 014 \*\*\*150.00

DOCUMENT # P96000100906

1. Entity Name

DJH MANAGEMENT COMPANY, INC.



Principal Place of Business

1509 ARNOLD AVENUE  
BROOKSVILLE FL 34601  
US

Mailing Address

1509 ARNOLD AVENUE  
BROOKSVILLE FL 34601  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3414192

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P. HENSLEY, DONALD J. 291 E JEFFERSON ST BROOKSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ETHAN HENSLEY 291 E JEFFERSON ST BROOKSVILLE FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BLAIR HENSLEY 291 E JEFFERSON ST BROOKSVILLE FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 352-796-7201

Date

Daytime Phone #

05/7/03 AV

CR2E034 (10/02)