AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09-30-2002 90176 012 ****61.25
P97000006425

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 OCT -3 PM 12:01

DOCUMENT # P97000006425

1. Entity Name
D & J Mobile Repair Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9572 Sidney Hayes Rd	P.O. Box 593853
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32824 Country: USA	Zip: 32859 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3421186 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Laurinda D. Feitsma

Street Address (P.O. Box Number is Not Acceptable): 2702 Bluff View Dr.

City: Groveland FL Zip Code: 34736

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) ☐

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

TITLE	President
NAME	John A. Shouestul II
STREET ADDRESS	2702 Bluff View Dr.
CITY-ST-ZIP	Groveland, FL 34736
TITLE	Vice-President
NAME	Roger Hall
STREET ADDRESS	4737 Mesa Verde Dr.
CITY-ST-ZIP	St Cloud FL 34769
TITLE	Sec/Treas
NAME	Laurinda D. Feitsma
STREET ADDRESS	2702 Bluff View Dr.
CITY-ST-ZIP	Groveland, FL 34736
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: _____ Laurinda D. Feitsma 9-27-02 407-832-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/4/02