

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022440

1. Entity Name

DEEJOHNS, CORP.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90004 043 ***150.00

Principal Place of Business

821 SW 9TH AVENUE
CAPE CORAL FL 33991

Mailing Address

821 SW 9TH AVENUE
CAPE CORAL FL 33991-2387

2. Principal Place of Business

1811 Wade Dr.

Suite, Apt. #, etc.

3. Mailing Address

1811 Wade Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0744858

Applied For

Not Applicable

Zip

33991

Country

USA

Zip

33991

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POMARICO, DOLORES
821 SW 9TH AVENUE
CAPE CORAL FL 33991

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.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	POMARICO, DOLORES	821 SW 9TH AVE	CAPE CORAL FL 33991	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Dolores Pomarico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2-17-00

941/283-2202
Daytime Phone #

CR2E034 (9/99)