

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90316 039 ***150.00

DOCUMENT # P97000023495

1. Entity Name
DAVID JAMES CORPORATION

Principal Place of Business Mailing Address
23151 MINERAL AVE **23151 MINERAL AVE.**
PORT CHARLOTTE, FL **PORT CHARLOTTE, FL**
33954 **33954**

2. Principal Place of Business 3. Mailing Address
423 RAVENSWOOD BLVD. **423 RAVENSWOOD BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PORT CHARLOTTE, FL **PORT CHARLOTTE, FL**

4. FEI Number Applied For
65-0731072 Not Applicable

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

Zip Country Zip Country
33954 **33954** **33954** **33954**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIAGLE, DIANNE M.
23151 MINERAL AVE.
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name

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

PORT CHARLOTTE, FL Zip Code **33954**

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 *Dianne M. Daigle* DATE *4-21-00*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAIGLE, DIANNE M 23151 MINERAL AVE. PORT CHARLOTTE, FL 33954	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 423 RAVENSWOOD BLVD. PORT CHARLOTTE, FL 33954
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
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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

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: *Dianne M. Daigle* **DIANNE M. DAIGLE** Date *9/11-627-6642* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR