

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044951

1. Entity Name

DJE CONSULTING INC.

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90080 029 \*\*\*150.00

Principal Place of Business 6016 RALEIGH ST. #2908 ORLANDO FL 32835	Mailing Address 6016 RALEIGH ST. #2908 ORLANDO FL 32835
--	--

2. Principal Place of Business 1100 SR 535 Suite, Apt. #, etc.	3. Mailing Address PMB 311, 2451A S HIAWASSEE RD Suite, Apt. #, etc.
--	--

City & State WINDERMERE, FL	City & State ORLANDO, FL
Zip 34786	Country USA
Zip 32835	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3448247	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent

FALCONER, JAMES  
6016 RALEIGH STREET  
APT. #2908  
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name  
FALCONER, JAMES

Street Address (P.O. Box Number is Not Acceptable)  
2345 FENTON AVE

City  
CLERMONT

FL

Zip Code  
34711

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, 2001 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	P LE ROUX, ANDRE P 9 BOEKENHOUT CRESCENT RIVERCLUB RANDBURG 2125 SOUTH AFRICA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALCONER, JAMES 6016 RALEIGH STREET, APT. #2908 ORLANDO FL 32835	<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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FALCONER, JAMES 2345 FENTON AVE CLERMONT, FL 34711	<input checked="" 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES FALCONER

FEB. 26, 2001

(352) 243-6912

Date

Daytime Phone #

CR2E034 (10/00)