

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057267

1. Entity Name

DJSN, INC.

Principal Place of Business

3400 BARROW ISLAND RD.
JUPITER FL 33477

Mailing Address

3400 BARROW ISLAND RD.
JUPITER FL 33477-1379

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0765572

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

NICHOLSON, DAVID J
3400 BARROW ISLAND RD.
JUPITER FL 33477

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME NICHOLSON, DAVID JS
STREET ADDRESS 3400 BARROW ISLAND RD
CITY-ST-ZIP JUPITER FL 33477

☐ Delete

TITLE VPS
NAME NICHOLSON, C. LYNN
STREET ADDRESS 3400 BARROW ISLAND RD
CITY-ST-ZIP JUPITER FL 33477

☐ Delete

TITLE S
NAME NICHOLSON, LEEANNE
STREET ADDRESS 102 GREEN BRIAR RD
CITY-ST-ZIP JUPITER FL 33477

☐ Delete

TITLE VP
NAME NICHOLSON, KERRIE
STREET ADDRESS 21 DECAW DR
CITY-ST-ZIP BOONTON NJ 07005

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME NICHOLSON, C. LYNN
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6430 DRAKE ST
CITY-ST-ZIP JUPITER, FL 33458

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 26-04 LITTLE FALLS RD.
CITY-ST-ZIP CEDAR GROVE, NJ 07009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000

Date

561-743-4906
Daytime Phone #

CR2E034 (9/99)