

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069898

1. Entity Name
NJD ENTERPRISES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90924 012 ***150.00

| | |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business 1300 SOUTH FRENCH AVENUE NUMBER 8 SANFORD FL 32771 | Mailing Address P.O. BOX 315 SANFORD FL 32772-0315 |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------------------------------|----------------------------|
| 2. Principal Place of Business 1300 S. FRENCH AVE | 3. Mailing Address |
| Suite, Apt. #, etc. #12 | Suite, Apt. #, etc. |
| City & State SANFORD, FL | City & State |
| Zip 32771 | Country SEMINOLE |

| | | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| 4. FEI Number 06-1530697 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

ROCHE, ELIZABETH
1300 SOUTH FRENCH AVENUE NUMBER 8
SANFORD FL 32771

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable (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 | SDVT GILL, JOHN H P.O. BOX 225 2080 HURLEY MOUNTAIN RD. HURLEY NY 12443 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GILL, JOHN H P.O. BOX 225 2080 HURLEY MOUNTAIN RD. HURLEY NY-12443 | <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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Elizabeth Roche* / *Sec* Date: 4-27-00 Daytime Phone #: 401-322-8192

CR2E034 (9/99)