

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081744

1. Entity Name

DSJ ENTERPRISES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90081 010 ***150.00

Principal Place of Business

2109 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

2109 COMMERCIAL WAY
SPRING HILL FL 34606-3808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3535030

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

RIZZO, DAVID
2109 COMMERCIAL WAY
SPRING HILL FL 34606

Name DOUGLAS J. AMIDON

Street Address (P.O. Box Number is Not Acceptable)
40347 USHWY 19 NO. STE-115

City TARPON SPRINGS FL Zip Code 34689

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 DOUGLAS J. AMIDON

4-30-00

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 DAWD, RIZZO
STREET ADDRESS 4042 SAVAGE STATION CIR
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☒ Delete

TITLE P
NAME JOHN AVRAMIDIS
STREET ADDRESS 8612 MAGNUM CT.
CITY-ST-ZIP NEW PORT RICHEY, FL. 34655 ☐ Change ☒ Addition

TITLE VPS
NAME AVRAMIDIS, STEVEN
STREET ADDRESS 8612 MAGNUM CT
CITY-ST-ZIP NEW PORT RICHEY FL 34665 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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: STEVEN AVRAMIDIS

4-30-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034/9/99