2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

P98000097111

Mailing Address

6684 EASTON DR.

SARASOTA FL 34239

1. Entity Name

6684 EASTON DR.

SARASOTA FL 34238

D.J.H. VENTURES, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90009 043 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc. GHECK HERE IF MAKING CHANGES Cry & State City & State 4, FEI Number 65-0877575 Applied For Not Applied For		,								
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired See Required Foe Required Foe Required Foe Required For Required Foe Required To Name and Address of New Registered Agent Name VOIGT, STEPHEN F P.A. 2414 BEE RIDGE RD. SARASOTA FL 34239 City FL Zip Code City City City FL Zip Code City C	2. Principal Pla	ace of Business	3. Mailing Address	Same						
City & State Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required Fe	Suite, Apt. #		Suite, Apt. #, etc.		CHECK HERE IF					
Street Address of Name and Address of Current Registered Agent Name VOIGT, STEPHEN F P.A. 2414 BEE RIDGE RD. SARASOTA FL 34239 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Signature Signature Interest agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Int. PT GFFCERS AND DIRECTORS Int. FIRING, DEBRA SIRRET ADDRESS SARASOTA FL 34238 CITY-ST-2IP TITLE VPS AABGINA FL 34238 CITY-ST-2IP Change Addition Addition TITLE Change Addition	City & State City & State				4. FEI Number 65-0877575					
VOIGT, STEPHEN F PA. 2414 BEE RIDGE RD. SARASOTA FL 34239 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 Akter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.\ OFFICERS AND DIRECTORS TITLE PT HERING, DEBRA STREET ADDRESS STR	Zip	Country	Zip	Country	5. Certificate of Status Desired					
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	2414 BEE 1	RIDGE RD.								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	SARASOTA	FL 34239								
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12. 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		certify that the information supplied v	vith this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes. I	further certify that the	e information			

indicated on this report of supplemental report is true 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 feceive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactiment with an laddress, with all other like empowered.

SIGNATURE: