

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107244

1. Entity Name

DAPJAX, INC.

Principal Place of Business

Mailing Address

P.O. BOX 600504  
JACKSONVILLE FL 32260

P.O. BOX 600504  
JACKSONVILLE FL 32260-0504

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

59-3568312

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

DIMATTIA, P.  
12121-A PHILLIPS HIGHWAY  
JACKSONVILLE FL 32256

Name

Dimattia P.

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

12867 ATTRILL RD.

City

Jacksonville

FL

Zip Code

32258

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

*Philip A. Dimattia*

4/6/00

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 ☐ Delete  
NAME DIMATTIA, P.  
STREET ADDRESS 12867 ATTRILL ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32258

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

TITLE ☐ Delete  
NAME DIMATTIA, ELVIRA  
STREET ADDRESS 12867 ATTRILL ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☒ Change ☐ Addition  
NAME DIMATTIA, ELVIRA  
STREET ADDRESS 93 CHARTER ST.  
CITY-ST-ZIP BOSTON MA.

TITLE ☒ Delete  
NAME JONES, K.  
STREET ADDRESS 12867 ATTRILL ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☒ Addition  
NAME DIMATTIA, ANGELO  
STREET ADDRESS 82 PEARTHSHIRE RD.  
CITY-ST-ZIP BRIGHTON MA.

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Philip A. Dimattia*

4/1/2000

904-288-8816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)