

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90006 024 ***150.00

DOCUMENT # P99000027953

1. Entity Name
DMJ & ASSOCIATES, INC.

Principal Place of Business

624 CROOKED PINE CT.
APOPKA FL 32712

Mailing Address

624 CROOKED PINE CT.
APOPKA FL 32712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

508 SABAL Lake Dr.

Suite, Apt. #, etc.

Apt 206

City & State

Longwood FL

Zip

32779

Country

US

3. Mailing Address

508 SABAL Lake Dr.

Suite, Apt. #, etc.

Apt 206

City & State

Longwood, FL

Zip

32779

Country

US

4. FEI Number

59-3565463

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCAULIFFE, JOHN J

624 CROOKED PINE CT.

APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

MCAULIFFE, DENISE S.

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

508 SABAL LAKE DR.

Apt. 206

City

Longwood

FL

Zip Code

32779

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

Denise S. McAuliffe

(NOTE: Registered Agent signature required when reinstating)

4/23/02

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	MCAULIFFE, JOHN J	
STREET ADDRESS	624 CROOKED PINE CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCAULIFFE, DENISE S	
STREET ADDRESS	624 CROOKED PINE CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE S. McAuliffe	
STREET ADDRESS	508 Sabal Lake Dr - Apt. 206	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Denise S. McAuliffe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02

CR2E034 (9/01)