

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032861

1. Entity Name

C.D.J. ENTERPRISES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90060 028 ***150.00

Principal Place of Business

8843 JASPER DRIVE
BOYNTON BEACH FL 33437

Mailing Address

8843 JASPER DRIVE
BOYNTON BEACH FL 33437-2432

2. Principal Place of Business

3301 SW 14th Place #2

Suite, Apt. #, etc.

Boynton Beach, FL

3. Mailing Address

3301 SW 14th Place

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33426

Country

USA

4. FEI Number

650910920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEFELICE, LYN A
8843 JASPER DRIVE
BOYNTON BEACH FL 33437

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

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

TITLE PD
NAME DEFELICE, DANIEL JR
STREET ADDRESS 8843 JASPER DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE VSTD
NAME DEFELICE, LYN A
STREET ADDRESS 8843 JASPER DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Lyn A Defelice Lyn A. Defelice 4/13/00 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)