

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000034474**

1. Entity Name
THE DAJ&B CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 12 AM 9: 37

Principal Place of Business
**3408 BRETWOOD DRIVE
ORLANDO FL 32808**

Mailing Address
**PO BOX 682208
ORLANDO FL 32868**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3557574**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WALLACE, DOUGLAS
3408 BRETWOOD DRIVE
ORLANDO FL 32808**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
NAME **WALLACE, DOUGLAS**
STREET ADDRESS **3408 BRETWOOD DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Delete
NAME **WALLACE, BRENDA L**
STREET ADDRESS **624 NORTH AVENUE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☒ Delete
NAME **WALLACE, JASPER**
STREET ADDRESS **404 GROSSE AVENUE SO.**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **800004597068--0**
STREET ADDRESS **-09/18/01--01048--025**
CITY-ST-ZIP *****\$550.00 ***\$550.00**

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

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

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/24/01** Daytime Phone # **402-312-3774**

014718 AT

CR2E034 (5/01)