

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90022 008 ***150.00

DOCUMENT # P99000041561

1. Entity Name

D.J. - ST. PETE, INC.

Principal Place of Business

10568 Gandy Blvd
St Petersburg FL
33702

Mailing Address

3572 Old Milton Pkwy
Alpharetta GA 30005

A0042044

2. Principal Place of Business

10568 Gandy Blvd
Suite, Apt. #, etc.

3. Mailing Address

3572 Old Milton Pkwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St Petersburg FL

City & State

Alpharetta GA

4. FEI Number

58-2476805

Applied For

Not Applicable

Zip

33702

Country

USA

Zip

30005

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Englander, Leonard S
2111 Drew St
Clearwater FL 33758

7. Name and Address of New Registered Agent

Name: David Burton
Street Address (P.O. Box Number is Not Acceptable):
2111 Drew St
City: Clearwater FL Zip Code: 33758

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

3.26.01

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, 2001 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: Donna L Eaton - President
NAME: Donna L Eaton
STREET ADDRESS: 3572 Old Milton Pkwy
CITY-ST-ZIP: Alpharetta GA 30005

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
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:

Donna L Eaton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-19-01

Daytime Phone #

770-667-6579

CR2E034 (11/00)