2000 UNIFORM BUSINESS REPORT (UBR)

8/8/30/00-90005-029-$550.00-$550.00

DOCUMENT # P99000060481

1. Entity Name
S D M J INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -8 AM 9:43

Principal Place of Business	Mailing Address
1215 MELROSE AVE. S. ST. PETERSBURG FL 33705	1215 MELROSE AVE. S. ST. PETERSBURG FL 33705

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1215 - MELROSE Ave S.	1215 - MELROSE AVE SO
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG FL.	City & State: ST. PETERSBURG FL.
Zip: 33705 Country	Zip: 33705 Country

4. FEI Number: 59-3591148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAWSON, SYLVESTER
1215 MELROSE AVE. S.
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name: DAWSON SYLVESTER
Street Address (P.O. Box Number is Not Acceptable): 1215 - MELROSE Ave SO
City: ST. PETERSBURG FL Zip Code: 33705

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: Sylvester Dawson Sylvester Dawson Sep. 13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) 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 13, 2000 Min. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete ~~SDMJ~~ ~~MARY JACKSON~~ ~~1215 MELROSE AVE S.~~ ~~ST. PETERSBURG, FL 33705~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete President SYLVESTER DAWSON 1215 MELROSE AVE SO ST. PETE. FL 33705	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SD 12/14	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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: ~~SYLVESTER DAWSON~~ SYLVESTER DAWSON Oct 26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

727-4394429
Daytime Phone #