

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90013 046 ***158.75

DOCUMENT # P99000075844

1. Entity Name

D.J.'S ELECTRIC MOTOR REPAIR INC.



Principal Place of Business

**1111 EUCLID AVE
SARASOTA FL 34237**

Mailing Address

**1111 EUCLID AVE
1525 N LIME AVE
SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

1111 EUCLID AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

4. FEI Number

65-0942210

Applied For

Not Applicable

Zip

Country

Zip

Country

34237

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYNER, EUGENE
2078 13TH STREET
SARASOTA FL 34236**

Name

DONALD BLACKMAN

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

1111 EUCLID AV

City

SARASOTA

FL

Zip Code
34237

8. The above named entity is the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DONALD E. BLACKMAN

01/06/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **MAYNER, EUGENE**
STREET ADDRESS **2078 13TH STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **OWNER/CEO** ☒ Change ☐ Addition
NAME **BLACKMAN, DONALD**
STREET ADDRESS **1111 EUCLID AV**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE **V** ☒ Delete
NAME **BLACKMAN, DONALD**
STREET ADDRESS **2078 13TH STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD E. BLACKMAN

DONALD E. BLACKMAN 01/06/2003 941-365-5756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)