

# 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  
Suite, Apt. #, etc.

3. Mailing Address  
**1111 EUCLID AV**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**SARASOTA, FL**

4. FEI Number  
**65-0942210** Applied For  
Not Applicable

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

City & State  
**SARASOTA, FL**

Zip Country  
**34237 USA**

**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<sup>N</sup> EUCLID AV**

City  
**SARASOTA FL** Zip Code  
**34237**

8. The above named entity signed this statement for 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* **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 <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MAYNER, EUGENE</b>	
STREET ADDRESS <b>2078 13TH STREET</b>	
CITY-ST-ZIP <b>SARASOTA FL 34236</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BLACKMAN, DONALD</b>	
STREET ADDRESS <b>2078 13TH STREET</b>	
CITY-ST-ZIP <b>SARASOTA FL 34236</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>OWNER/CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLACKMAN, DONALD</b>	
STREET ADDRESS <b>1111 EUCLID AV</b>	
CITY-ST-ZIP <b>SARASOTA, FL 34237</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)