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Entity Name

D. J. SHARPE INC

FILED
Apr 23, 2000 8:00 am
Secretary of State
04-23-2000 90017 037 ***150.00

Principal Place of Business

DJ SHARPE INC
5200 NW 31 AVE #98
FT. LAUDERDALE FLA 33309

Mailing Address

SAME

D/N/ Received Annual Report
INCORPORATED 1999

DO NOT WRITE IN THIS SPACE

Principal Place of Business: S/A/A

3. Mailing Address

Suite, Apt #, Etc | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country BROWARD

4. FEI Number 65-0951787 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIKE SHARPE JR
5200 NW 31 AVE #98
FT. LAUDERDALE FLA 33309

7. Name and Address of New Registered Agent

Name

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

City | Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D NAME MIKE SHARPE JR P/D STREET ADDRESS 5200 NW 31 AVE #98 CITY-ST-ZIP FT. LAUDERDALE, FLA 33309	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] MIKE SHARPE 4/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date