

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90382 042 ***550.00

DOCUMENT # S00034

1. Entity Name
SDJ ENTERPRISES, INC.

Principal Place of Business

**8814 NW 49TH DR
 CORAL SPRINGS FL 33067
 US**

Mailing Address

**8814 NW 49TH DR
 CORAL SPGS FL 33067
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5265 NW 89 Drive

3. Mailing Address

5265 NW 89 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

4. FEI Number

65-0218507

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

33067

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, STACEY

5265 NW 89 DR

CORAL SPRINGS FL 33067

Name

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

City

FL

Zip Code

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **JACOBS, GARY**
 STREET ADDRESS **8814 N.W. 49TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5265 NW 89th Drive**
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **D** ☐ Delete
 NAME **JACOBS, STACEY**
 STREET ADDRESS **8814 N.W. 49TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5265 NW 89th Drive**
 CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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 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 a partner 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 a separate sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02
 Date

9543456773
 Daytime Phone #

CR2E034 (9/01)