2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Sep 18, 2000 8:00 am Secretary of State **DOCUMENT # \$84653** 1. Entity Name DJ'S AUTO & WATERCRAFT, INC. 09-18-2000 90043 035 ***750.00 Mailing Address Principal Place of Business 12635 U.S. HIGHWAY 27 12635 U.S. HIGHWAY 27 nuurujjb CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3092895 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BADALAMENTO, GERALD J Street Address (P.O. Box Number is Not Acceptable) 12635 U.S. HIGHWAY 27 **CLERMONT FL 34711** City 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 DATE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Mln. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete ☐ Change TITLE BADALAMENTO, GERALD J. NAME NAME STREET ADDRESS STREET ADDRESS 1928 BRANTLEY CIR CITY-ST-ZIP CITY-ST-ZIP **CLERMONT FL 34711** □ Delete TITLE ☐ Addition TITLE **BADALAMENTO. SHIRLEY** NAME NAME STREET AODRESS 1928 BRANTLEY CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 - □ · Change · - . □ · Addition ... Delete . TITLE_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

FILED