

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90082 001 ***150.00

0804390 AT

DOCUMENT # P01000068693

1. Entity Name
PAJEN INCORPORATED

Principal Place of Business Mailing Address

23 NORTHUMBERLAND **23 NORTHUMBERLAND**
NASHVILLE TN 37215 **NASHVILLE TN 37215**

2. Principal Place of Business 3. Mailing Address

4330 Gulf Shore Blvd. **P.O. Box 150331**

Suite, Apt. #, etc. Suite, Apt. #, etc.

302

City & State City & State

Maples, FL **Nashville, TN**

Zip Country Zip Country

34103 **U.S.A.** **37215** **USA**

4. FEI Number Applied For

62-1866230 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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 DATE **2/28/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	
TITLE	D <input type="checkbox"/> Delete
NAME	ISAACS, JENNIFER
STREET ADDRESS	23 NORTHUMBERLAND
CITY-ST-ZIP	NASHVILLE TN 37215
TITLE	D <input type="checkbox"/> Delete
NAME	ISAACS, PAT
STREET ADDRESS	23 NORTHUMBERLAND
CITY-ST-ZIP	NASHVILLE TN 37215
TITLE	D <input type="checkbox"/> Delete
NAME	ISAACS, PAIGE
STREET ADDRESS	23 NORTHUMBERLAND
CITY-ST-ZIP	NASHVILLE TN 37215
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: DATE **2/28/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)