2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-30-2003 90110 034 ***150.00

DOCUMENT # P95000015840

1. Entity Name
O.N.J. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
265 N HIBISCUS DR MIAMI FL 33139	265 N HIBISCUS DR MIAMI FL 33139

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1216 W. Lantana Rd	1216 W. Lantana Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lantana FL	City & State: Lantana, FL
Zip: 33462 Country: USA	Zip: 33462 Country:

4. FEI Number 65-0558078 ☐ Applied For ☐ Not Applicable

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
NIGHTINGALE, SHAWN 265 N. HIBISCUS DR MIAMI FL 33139	Name: Shawn Nightingale Street Address (P.O. Box Number is Not Acceptable): 1216 W. Lantana Rd City: Lantana FL Zip Code: 33462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shawn Nightingale — DATE: 1-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P NIGHTINGALE, SHAWN 265 N HIBISCUS DR MIAMI FL 33139	☐ Delete	P Shawn Nightingale 10530 N.W. 67th CT Parkland, FL 33076	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Shawn Nightingale Shawn Nightingale — Date: 1-24-03 — Daytime Phone #: 3055889674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR