

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90111 035 ***150.00

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DOCUMENT # S28815

1. Entity Name
KJ HOLDINGS, INC.



Principal Place of Business
**C/O GEOFFREY RANDALL
201 S BISCAYNE BLVD 1600 MIAMI CNTR
MIAMI FL 33131**

Mailing Address
**C/O GEOFFREY RANDALL
201 S BISCAYNE BLVD 1600 MIAMI CNTR
MIAMI FL 33131**

10050410



2. Principal Place of Business
**c/o Kathleen Wynn Jones
Suite, Apt. #, etc.
17090 Rockridge Rd.
Polk City, FL**

3. Mailing Address
**c/o Kathleen Wynn Jones
Suite, Apt. #, etc.
17090 Rockridge Rd.
Polk City, FL**

4. FEI Number **65-0255167** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1500 MIAMI CENTER, Suite 1500(GR)
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name **Kathleen Wynn Jones**
Street Address (P.O. Box Number is Not Acceptable)
**17090 Rockridge Rd.
Polk City
Polk City FL 33868**

CHECK HERE IF MAKING CHANGES

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 **Kathleen Wynn Jones (Kathleen Wynn Jones) President** DATE **April 4, 2003**

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	DPST JONES, KATHLEEN WYNN 17090 ROCKRIDGE RD POLK CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JONES, TODOR WYNN 17090 Rockridge Rd Polk City FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JONES, TODOR WYNN 17090 Rockridge Rd Polk City, FL 33868 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kathleen Wynn Jones **SIGNATURE REQUIRED** **April 4, 2003** **863-858-2006**

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

CR2E034 (10/02)