

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90056 004 ***150.00

DOCUMENT # H00679

1. Entity Name
PJA, INC.

Principal Place of Business

% PETER T. AUSTEN
7135 N.W. 74TH STREET
MIAMI FL 33166

Mailing Address

% PETER T. AUSTEN
7135 N.W. 74TH STREET
MIAMI FL 33166

2. Principal Place of Business

2020 King Air Court
 Suite, Apt. #, etc.

3. Mailing Address

2020 King Air Court
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

City & State
Daytona Beach FL

4. FEI Number **59-2418782**

Applied For
 Not Applicable

Zip
32128

Country
Volusia

Zip
32128

Country
Volusia

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

6. Name and Address of Current Registered Agent

AUSTEN, PETER T.
7135 N.W. 74TH STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
Same
 Street Address (P.O. Box Number is Not Acceptable)
2020 King Air Court
 City
Daytona Beach FL Zip Code
32128

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.

Peter T. Austen

1-16-2002

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTEN, PETER T. 7135 NORTHWEST 74TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP AUSTEN, JANICE B 7135 NORTHWEST 74TH ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 2020 King Air Court Daytona Beach, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 2020 King Air Court Daytona Beach, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter T. Austen, Director 1-16-2002

Date

Daytime Phone #

CR2E034 (9/01)