

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837688

1. Entity Name

HJ CONSULTANTS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90151 018 ***150.00

Principal Place of Business 6406 DORIS DRIVE FT. PIERCE FL 34951	Mailing Address P.O. BOX 30292 378 BEAR TRAIL RIVER RANCH FL 33867-0292 US
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2. Principal Place of Business	3. Mailing Address 6406 DORIS DR. Suite, Apt. #, etc. Ft. Pierce, FL
Suite, Apt. #, etc.	City & State

City & State	City & State
Zip	Country
34951	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	04-2258020	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, HARRISON JR. 25360 5927 CANTERBERRY DR P.O. BOX 30292 RIVER RANCH FL 33867 LAKE WALES 33853	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, HARRISON JR. P.O. BOX 30292, 378 BEAR TRAIL N/A RIVER RANCH FL 33867	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25360 CANTERBURY DR. LAKE WALES FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, PAULINE E. P.O. BOX 30292, 378 BEAR TRAIL N/A RIVER RANCH FL 33867	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25360 CANTERBURY DR. LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRINGER, DEAN 6406 DORIS DRIVE FT. PIERCE FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRINGER, JOYCE 6406 DORIS DRIVE FT. PIERCE FL 34951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, ELAINE M. 6806 BREEZY PASS AUSTIN TX 78749	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RONALD 3280 SE 31ST TRL OCALA FL 34471	TITLE 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: Joyce Barringer Date: 4-24-00 Daytime Phone #: (561) 461-6120

CR2E034 (9/99)