

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F02028

1. Entity Name
P.J. DESIGNS, INC.



Principal Place of Business
**2830 46TH AVE, N
ST.PETERSBURG, FL 33714**

Mailing Address
**2830 46TH AVE, N
ST.PETERSBURG, FL 33714**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2043751

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KOSTERLITZ, HERBERT
2830 46TH AVE, N
ST. PETERSBURG, FL 33714**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
JENNINGS, PEGGY
1515 PARK STREET N.
ST. PETERSBURG, FL 33714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
KOSTERLITZ, HERBERT
1515 PARK STREET N.
ST. PETERSBURG, FL 33714**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
JENNINGS, JOHN
1405 HORATIO
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000139487
04/29/04-80120-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04

7275450599