

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90164 026 \*\*\*150.00

**DOCUMENT # J66838**

1. Entity Name

**QJ, INC.**

Principal Place of Business  
**1066 PALAMA WAY  
 C/O JOYCE WATERS. P.O. BOX 4012  
 LANTANA FL 33462**

Mailing Address  
**1066 PALAMA WAY  
 C/O JOYCE WATERS. P.O. BOX 4012  
 LANTANA FL 33462**

00033040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2812574**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**WATERS, JOYCE  
 1066 PALAMA WAY  
 LANTANA FL 33462**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<b>T</b> WATERS, JOYCE 1066 PALAMA WAY LANTANA FL		
	<b>PD</b> WATERS, EARNEST C 1066 PALAMA WAY LANTANA FL		
	<b>VP</b> ROENFELDT, GAYLORD B 79 VIA DE CASA NORTE BOYNTON BEACH FL		
	<b>VP</b> BALLARD, KEVIN 739 12TH ST S. LANTANA FL 33462		

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Date]*  
 Date

Daytime Phone #

CR2E034 (10/00)