

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90844 043 \*\*\*150.00

**DOCUMENT # M21663**

1. Entity Name  
**CONJOY, INC.**



Principal Place of Business  
C/O J. HAROLD KLOSHEIM, JR.  
3420 S. OCEAN BLVD., APT.3X  
HIGHLAND BEACH FL 33487

Mailing Address  
C/O J. HAROLD KLOSHEIM, JR.  
3420 S. OCEAN BLVD., APT.3X  
HIGHLAND BEACH FL 33487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2588286**

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

**KLOSHEIM, J. HAROLD JR.**  
**3420 S. OCEAN BLVD.**  
**APT.3X**  
**HIGHLAND BEACH FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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	DS	<input type="checkbox"/> Delete
NAME	KLOSHEIM, J.HAROLD JR.	
STREET ADDRESS	3420 S. OCEAN BLVD. #3X	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KLOSHEIM, CONSTANCE	
STREET ADDRESS	F3420 S. OCEAN BLVD. 3X	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHADWICK, JOY	
STREET ADDRESS	22 WILLOWBROOK DR.	
CITY-ST-ZIP	AUBURN, NY.	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHADWICK, NORMAN	
STREET ADDRESS	22 WILLOWBROOK DR.	
CITY-ST-ZIP	AUBURN, NY.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] **REQUIRE** [Signature] 1/8/03 5617629940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)