

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034656

1. Entity Name

PJ OF BAY COUNTY, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90005 019 ***150.00

Principal Place of Business

15328 FRONT BEACH RD.
PANAMA CITY FL 32413

Mailing Address

15328 FRONT BEACH RD.
PANAMA CITY FL 32413

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3639067

Applied For

Not Applicable

5. Certificate of Status Desired N/A \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANA, JYOTI
836 HARRISON AVE.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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. NO

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME KANA, JYOTI
STREET ADDRESS 836 HARRISON AVE.
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE D
NAME PATEL, PRAKASH
STREET ADDRESS 15328 FRONT BEACH RD.
CITY-ST-ZIP PANAMA CITY FL 32413 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2001 850-235-1142

CR2E034 (10/00)

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