

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0065045

**DOCUMENT # P00000040191**

1. Entity Name  
**PJ'S PALATABLES INCORPORATED**

05-17-2001 91080 036 \*\*\*150.00

Principal Place of Business <b>3207 TRADEWINDS TRAIL          ORLANDO FL 32805</b>	Mailing Address <b>3207 TRADEWINDS TRAIL          ORLANDO FL 32805</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <b>3207 Tradewinds Trail</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>N/A</b>
City & State	City & State <b>Orlando FL</b>
Zip	Country <b>32805 US</b>

4. FEI Number <b>59-3632450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PARRISH, JENNEL E  
 3207 TRADEWINDS TRAIL  
 ORLANDO FL 32805**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Jennell Parrish</b>	
STREET ADDRESS	
CITY-ST-ZIP	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Jennell Parrish</b>	
STREET ADDRESS <b>3207 Tradewinds Trail</b>	
CITY-ST-ZIP <b>Orlando FL 32805</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Carolyn Turnage</b>	
STREET ADDRESS <b>444 S. Rio Grande Apt 320D</b>	
CITY-ST-ZIP <b>Orlando FL 32839</b>	
TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Alzona Parrish</b>	
STREET ADDRESS <b>615 Conroy St.</b>	
CITY-ST-ZIP <b>Orlando FL 32805</b>	
TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Eylinda Parrish</b>	
STREET ADDRESS <b>3207 Tradewinds Trail</b>	
CITY-ST-ZIP <b>Orlando FL 32805</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jennell Parrish*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 407-423-4660  
 407-293-5803  
 Date Daytime Phone #

CR2E034 (10/00)