

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90250 011 ***150.00

DOCUMENT # P00000049906

1. Entity Name
PJ VENTURES, INC.

Principal Place of Business 2340 SOUTH STATE ROAD 7 MIRAMAR FL 33023	Mailing Address 2340 SOUTH STATE ROAD 7 MIRAMAR FL 33023
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2. Principal Place of Business 697 8th Ct	3. Mailing Address PO Box 651260
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach FL	City & State Vero Beach FL
Zip 32962	Zip 32965
Country US	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1010240	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PERRY, KEITH
 2340 SOUTH STATE ROAD 7
 MIRAMAR FL 33023

7. Name and Address of New Registered Agent
 Name **Brian Penny**
 Street Address (P.O. Box Number is Not Acceptable)
2025 Springs Place
 City **Vero Beach** **FL** Zip Code **32963**

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 *Brian Penny, President* DATE 3-29-01
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	President		STREET ADDRESS	Brian Penny	
CITY-ST-ZIP	PO Box 651260		CITY-ST-ZIP	Vero Beach FL 32965	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Brian Penny, President* Date 3-29-01 Daytime Phone # 561-473-4091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)