

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060397

1. Entity Name

PJ & ASSOCIATES, INC.

Principal Place of Business

1719 POINCIANA DRIVE  
FT. LAUDERDALE FL 33305

Mailing Address

1719 POINCIANA DRIVE  
FT. LAUDERDALE FL 33305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NICHOLLS, GREGG E  
3300 N. UNIVERSITY DR., #604  
CORAL SPRINGS FL 33065

*change of address*

7. Name and Address of New Registered Agent

Name

*Gregg Nicholls*

Street Address (P.O. Box Number is Not Acceptable)

*1900 NW Corporate Blvd #400 East*

City

*Boca Raton*

FL

Zip Code

*33431*

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

*Gregg Nicholls*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/1/01*

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	D	<input type="checkbox"/> Delete
NAME	DERDZINSKI, PAUL	
STREET ADDRESS	1719 POINCIANA DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUOZZO, JAMES R	
STREET ADDRESS	1719 POINCIANA DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1719 POINSETTIA DRIVE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1719 POINSETTIA DRIVE	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Derdzinski*

Date

*1/8/01*

Daytime Phone #

*954-501-7822*

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90336 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0620725

CR2E034 (10/00)