FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State **DOCUMENT #** P01000007505 1. Entity Name 02-05-2002 90155 010 ***150.00 SJ & J ENTERPRISES INC. Mailing Address Principal Place of Business 6011 BAHIA-DEL-MAR BLVD #249 6011 BAHIA-DEL-MAR BLVD #249 ST PETERSBURG FL 33715 ST PETERSBURG FL 33715 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 3698 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YATES, STEVEN JOHN Street Address (P.O. Box Number is Not Acceptable) 6011 BAHIA-DEL-MAR BLVD #249 ST PETERSBURG FL 33715 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Delete TITLE PN NAME NAME YATES, STEVEN JOHN STREET ADDRESS STREET ADDRESS 6011 BAHIA-DEL-MAR BLVD #249 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715 Change ☐ Delete TITLE ☐ Addition **VD** NAME NAME YATES, JEANETTE STREET ADDRESS STREET ADDRESS 6011 BAHIA-DEL-MAR BLVD #249 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33715 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE 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.