

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90162 042 ***150.00

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DOCUMENT # P01000011865

1. Entity Name
PJK HOLDINGS, INC.



Principal Place of Business
**736 HARBOUR ISLES WAY
NORTH PALM BEACH FL 33410**

Mailing Address
~~9002 HEATHRIDGE DR.
WEST PALM BEACH FL 33411~~



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
~~736 HARBOUR ISLES WAY~~
Suite, Apt. #, etc.

City & State
North Palm Beach, FL

Zip
33410

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1075913**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BANISTER, JOHN R
736 HARBOUR ISLES WAY
NORTH PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**WARWICK + BANISTER
140 ROYAL PALM WAY, SUITE #205**

City **PALM BEACH, FL** Zip Code **33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KAVOORAS, PETER 736 HARBOUR ISLES WAY NORTH PALM BEACH FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D KAVOORAS, KATINA S 736 HARBOUR ISLES WAY NORTH PALM BEACH FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter D. Kavooras* **SIGNATURE REQUIRED** Date 4/8/03 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)