

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-19-2002 90249 005 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029786

1. Entity Name
P.J.K. TRANSACTIONS, INC.

Principal Place of Business
5428 CLEVELAND ROAD
JACKSONVILLE FL 32209

Mailing Address
5428 CLEVELAND ROAD
JACKSONVILLE FL 32209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-370 2688
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~KAJY, PAUL J~~
5428 CLEVELAND ROAD
JACKSONVILLE FL 32209

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, 2002 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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	KAJY, PAUL J	
STREET ADDRESS	5428 CLEVELAND ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/>
NAME	KAJY, PATRICK N	
STREET ADDRESS	5428 CLEVELAND ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/>
NAME	MAGRIPUS, GARY J	
STREET ADDRESS	5428 CLEVELAND ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4-28-02 (904) 768-5676
Date Daytime Phone #

CR2E034 (9/01)