

2002 AMENDED UNIFORM BUSINESS REPORT

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000045773
1. Entity Name
KSJ INVESTMENTS, INC.

02 MAY 31 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2551 Columbus Way S Suite, Apt. #, etc.	3. Mailing Address 2551 Columbus Way S Suite, Apt. #, etc.
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33712	Country Pinellas

200005763862--7

06/12/02-01077-011

4. FEI Number
59-3719740

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Johnson, Karey S Sr
Street Address (P.O. Box Number is Not Acceptable)
2551 Columbus Way S
City St. Petersburg FL Zip 33712

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 not site if applicable. (NOTE: Registered Agent signature required when necessary) (OAH)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 1 Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	President, CEO Johnson, Karey S Sr 2551 Columbus Way S St. Petersburg, FL 33712	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice-President Johnson, Willie Mae 6000 25th Way South St. Petersburg, FL 33712	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice President Johnson, Kyonna T. 2440 66th Terrace South St. Petersburg, FL 33712	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE 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 on an attachment with an address, with all other like employees.