

# 2002 UNIFORM BUSINESS REPORT (UBR)

1092

**DOCUMENT # P01000056345**

1. Entity Name  
**P.J.'S SERVICE & HYDRAULICS, INC.**

FILED

02 JUN 20 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**6425 FLAGLER STREET  
HOLLYWOOD FL 33023**

Mailing Address  
**6425 FLAGLER STREET  
HOLLYWOOD FL 33023**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1124455

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLTHAUS, JOSEPH  
6425 FLAGLER STREET  
HOLLYWOOD FL 33023**

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD OLTHAUS, JOSEPH 6425 FLAGLER STREET HOLLYWOOD FL 33023</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OLTHAUS, PAMELA 6425 FLAGLER STREET HOLLYWOOD FL 33023</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**1000056345-8**  
**-06/27/02--0101--003**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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 REQUIRED**

6/14/02 (904) 893-0073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)

Attachment 2 of 2  
Document #  
PO1000056345

TO WHOM IT MAY CONCERN,

I'M SORRY THESE ARE LATE, WE CURRENTLY CAN'T AFFORD THE LATE FEES. I'VE BEEN IN AND OUT OF WORK DUE TO ILLNESS AND AWAY FROM WORK AND HOME DUE TO A FAMILY ILLNESS. I'M DOING THE BEST I CAN UNDER THE CIRCUMSTANCES AND BEG YOUR INDULGENCE JUST THIS ONCE.

*Pamela K. Olthaus*

PAMELA OLTHAUS  
R&J FLEET MAINT. INC.  
PJS SERVICE & HYD. INC.