2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100056345

1. Entity Name

P.J.'S SERVICE & HYDRAULICS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90407 048 ***150.00

						1					
Principal Plac	ce of Busines	s	Mailing Address								
6425 FLAGLER STREET			6425 FLAGLER STREET								
HOLLYWOOD FL 33023			HOLLYWOOD FL 33023								
					,		! ! 36 !! 39 ! !!! 46!6 ! !! 6 !! 66 !!! 68 !!! 88 !!! 66				
2 Principal I	Place of Buein	nace	3. Mailing Address			_				LEER BINN (EER)	
2. Principal Place of Business			. Walling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- i	CT OUTON HEDE IS MANUAD ON MORO				
							CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 65-1124455			plied For	
						05-1124400				Not Applicable	
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional					
	6 Nama	and Address of Cur-	rent Registered Agent	Agent			Fee Required				
	U. INAIIIE	and Address of Cult	ent negistered Agent		Name	7.	Name and Address of New Registers	а Аделт			
OLTHAUS, JOSEPH				• •			٠٠ - معد				
6425 FLAGLER STREET				Street Address (F			P.O. Box Number is Not Acceptable)				
	OOD FL 330						10 A B 3 B 3 B 11 B				
HOLLING	JOD 1 L 330	20					- AFW				
					City		F	Zip	Code	•	
8. The above	a named entity	y submits this stateme	nt for the purpose of changing	its register	ed office or regist	tered ag	gent, or both, in the State of Florida. La	m familiar	with,	and accept	
the obliga	tions of regist	ered agent.		•	J	Ū					
SIGNATURE										1	
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if applicable. (I	NOTE: Registere	d Agent signature requi	ired when re	einstating) DAT				
ş.	II E NOW!	! FEE IS \$150.00					1				
Afte	3 Fee will be \$550.	00			9. Election Campaign Financing			May Be			
		Florida Departmen					Trust Fund Contribution.		idded	to Fees	
10.		OFFICERS A	ND DIRECTORS	11.		ΑC	DDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS	S IN 11	
TITLE	PD		☐ Delete	TITL	É			☐ Cha	ange	☐ Addition	
NAME	OLTHAUS,			NAM	ie					ı	
STREET ADDRESS		ELER STREET		STRE	ET ADDRESS						
CITY-ST-ZIP	HOLLYWO	OD FL 33023	**	CITY	-ST-ZIP						
TITLE	TD		☐ Delete	TITLI	E			☐ Cha	inge	Addition	
NAME	OLTHAUS,			NAM	E						
STREET ADDRESS		ELER STREET			ET ADDRESS						
CITY-ST-ZIP	HULLYWO	OD FL 33023		CITY	-ST-ZIP						
TITLE		•	☐ Delete	TITLE	i			☐ Cha	nge	☐ Addition	
NAME - STREET ADDRESS	i			NAM	ET ADDRESS	•					
CITY-ST-ZIP					-ST-ZIP						
TITLE			П	_						[T] A = 00	
NAME	ľ		☐ Delete	TITLE				☐ Cha	nge	Addition	
STREET ADDRESS	1				ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			Delete	TITLE				☐ Cha	inge	Addition	
NAME				NAMI					-igu	- Addition	
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	1			CITY	- ST- ZIP						
TITLE		777	☐ Delete	TITLE				☐ Cha	ınge	Addition	
NAME				NAMI					-		
					ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZiP					1	

12. I hereby certify that the information supplied with this filling 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 altochment with an address, with all other like empowered.

SIGNATURE: TOWN OF THE STATE OF

1/8/63

954 893.0073

Daytime Phone #

CR2E034 (10/02