

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082350

1. Entity Name
SJ PRODUCTS INC.



FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90083 048 ***150.00

0582202 AV

Principal Place of Business
6841 AMBERJACK LN
HUDSON FL 34667

Mailing Address
6841 AMBERJACK LN
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3744365

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKATZKA, SUSAN S
11531 BALMY BREEZE LN
PORT RICHEY FL 34668

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS SKATZKA, SUSAN S
CITY-ST-ZIP 11531 BALMY BREEZE LN
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VDS
STREET ADDRESS SKATZKA, JAMES E
CITY-ST-ZIP 11531 BALMY BREEZE LN
PORT RICHEY FL 34668 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
90137052

**TO: UNIFORM BUSINESS REPORT
DIVISION OF CORPORATIONS**

05/19/03

**FROM : SJ PRODUCTS INC.
SUSAN S SKATZKA PRES.
DOC: P01000082350
FEI: 59-3744365
PHONE CONTACT 717-810-4004
6841 AMBERJACK LN.
HUDSON FL. 34667**

**WOULD YOU PLEASE ACCEPT OUR \$150.00 AS FULL PAYMENT ON OUR REPORT?
WE HAVE HAD A REALLY TOUGH YEAR AND YOUR HELP IN THIS MATTER WOULD BE
GREATLY APPRECIATED. THANK YOU VERY MUCH.**

Susan S. Skatzka
SUSAN S SKATZKA