

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90045 037 ***550.00

DOCUMENT # P02000002094

1. Entity Name
PJ FORT MYERS INC.



Principal Place of Business
**1814 US HWY 1
SEBASTIAN FL 32958**

Mailing Address
**1814 US HWY 1
SEBASTIAN FL 32958**

2. Principal Place of Business

**13971 N. Cleveland Ave
Suite # 25**

3. Mailing Address

**13971 N. Cleveland Ave
Suite # 25**

City & State

**North Fort Myers, FL
33903 USA**

City & State

**North Fort Myers
33903 USA**

4. FEI Number

01-0575329

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

**PERRY, BRIAN
1814 US HWY 1
SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name **Brian Pastman**
Street Address (P.O. Box Number is Not Acceptable)
13971 N. Cleveland Ave #25
City **North Fort Myers** FL Zip Code **33903**

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

Brian Pastman

(NOTE: Registered Agent signature required when reinstating)

6/16/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PASTMAN, BRIAN 13971 N CLEVELAND AVE N FT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PERRY, BRIAN P O BOX 651280 VERO BEACH FL 32965
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Brian Pastman

Date

Daytime Phone #

6/16/03 239-656-4723

CR2E034 (10/02)