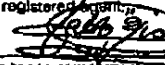


FILED
Aug 05, 2003 8:00 am
Secretary of State

07-14-2003 90171 043 ***550.00

7/1

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000008383			
1. Entity Name P & J STRUCTURE, INC.			
Principal Place of Business P.O. BOX 126188 HALEAH FL 33012-1603		Mailing Address P.O. BOX 126188 HALEAH FL 33012-1603	
2. Principal Place of Business		3. Mailing Address 2323 W 52 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Indian Rocks Florida	
Zip	Country	Zip	Country
33016	USA	33016	USA
4. FEI Number 91-3414870		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent Rios, Pablo J 1742 W 42 PLACE HALEAH FL 33012		7. Name and Address of New Registered Agent Pablo J Rios 2323 W 52 ST Indian Rocks FL 33016	
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  Registered Agent 7/8/2003 (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. PREVIOUS OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pablo J Rios 2323 W 52 ST Indian Rocks FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 REQUIRED		7/8/2003 305 284 523 Date Daytime Phone	

55053283

☐ CHECK HERE IF MAKING CHANGES

CR2034 (4/03)