

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91804 021 ***150.00

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DOCUMENT # P02000016271

1. Entity Name
PAJ MINISTRIES, INC.



Principal Place of Business
**8092 CANYON LAKE CIRCLE
ORLANDO FL 32835**

Mailing Address
**8092 CANYON LAKE CIRCLE
ORLANDO FL 32835**

2. Principal Place of Business

590 Pinehart Rd

3. Mailing Address

590 Pinehart Rd

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

Zip

32746

Country

4. FEI Number

000000

☒ 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

**HICKS, REGINALD D
219 LIME AVENUE
ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name **PRESTON ADAMS**
Street Address (P.O. Box Number is Not Acceptable)
8092 Canyon Lake Circle
City **Orlando** FL **32835**

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)

4/20/04
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 **D** ☐ Delete
NAME **ADAMS, PRESTON JR.**
STREET ADDRESS **8092 CANYON LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/04** Daytime Phone # **(407) 349-0969**

CR2E034 (10/02)