2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P02000070213

DOCUMENT # 1. Entity Name

P.M. &J. MANAGEMENT, INC.



Principal Place of Business Mailing Address 7431 FAIRWAY TRAIL 7431 FAIRWAY TRAIL **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address

FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90148 019 ***150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number		A	Applied For	
				51	-0419681		Not Applicable	
Zip	Country	Zip	Country		icate of Status Desired	\$8.75 Ac	dditional + ed	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
USHER, CONRAD H .								
7431 FAIRWAY TRAIL			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
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BOCA RATON FL 33487								
			City	City FL Zip Code				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or reg	istered agent, c	r both, in the State of Florida.	I am familiar with	, and accept	
SIGNATURE .	. 4.							
oldivatoric .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signature re-	quired when reinstatin	(g) [DATE		
<u></u>	U E NOWEL FEE IS \$450.00							
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 Financin	g \$5. 6	00 May Be	
					Trust Fund Contribution.	☐ Adde	ed to Fees	
	<u>, , , , , , , , , , , , , , , , , , , </u>		1122	ADDITIO	NO (OLIANOEO TO OFFICER	ALID DIDEOTOR	20 154 44	
10.	OFFICERS AND D		11.	ADDITIC	ONS/CHANGES TO OFFICERS			
TITLE NAME **	USHER, CONRAD H	☐ Delete	TITLE			Change	Addition	
	7431 FAIRWAY TRAIL		NAME				ļ	
STREET ADDRESS	BOCA RATON FL 33487		STREET ADDRESS					
CITY-ST-ZIP	BUCK RATUN FL 33467		CITY-ST-ZIP					
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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: