

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90078 020 ***150.00

NOTED AV

DOCUMENT # P02000093155

1. Entity Name
PJP FAMILY HOLDINGS, INC.



Principal Place of Business
**4913 NW 64TH TERR
CORAL SPRINGS FL 33071**

Mailing Address
**4913 NW 64TH TERR
CORAL SPRINGS FL 33071**

2. Principal Place of Business

645 N. ST RD 7

Suite, Apt. #, etc.

Margate, FL

City & State

33063

Zip

Country

3. Mailing Address

4913 NW 64 Terrace

Suite, Apt. #, etc.

Coral Springs FL 33067

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-1020271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALUMBO, JOHN J
4913 NW 64TH TERR
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

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

TITLE **PRESIDENT** ☐ Delete
NAME **John S. PALUMBO**
STREET ADDRESS **4913 NW 64 Terrace**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE **VICE PRESIDENT** ☐ Delete
NAME **PAMELA PALUMBO**
STREET ADDRESS **4913 NW 64 Terrace**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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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 PALUMBO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 (954) 345-7335

Date

Daytime Phone #

CR2E034 (10/02)