

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07110

1. Entity Name

E J P INDUSTRIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90012 001 ***150.00

Principal Place of Business

Mailing Address

~~2520 UNIVERSITY DRIVE, #446~~
P.O. BOX 8821
CORAL SPRINGS FL 33075
US

P.O. BOX 8821
P.O. BOX 8821
CORAL SPRINGS 33 33075-8821
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11771 NW 30th ST

3. Mailing Address

P.O. Box 8821

Suite, Apt. #, etc.

P.O. Box 8821

Suite, Apt. #, etc.

P.O. Box 8821

City & State

CORAL SPRINGS FL 33075

City & State

CORAL SPRINGS FL

4. FEI Number

13-2789519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRONGER, D E

~~2520 UNIVERSITY DRIVE, #446~~
P.O. BOX 8821
CORAL SPRINGS FL 33075

Name

Street Address (P.O. Box Number is Not Acceptable)

11771 NW 30th ST.

P.O. Box 8821

City

CORAL SPRINGS

FL

Zip Code

33075

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTDS	<input type="checkbox"/> Delete
NAME	PRONGER, E.J.	
STREET ADDRESS	2520 UNIVERSITY DR, #446 P.O. BOX 8821	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PRONGER, D.E.	
STREET ADDRESS	2520 UNIVERSITY DR, #446 P.O. BOX 8821	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11771 NW. 30th ST. P.O. Box 8821
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11771 NW. 30th ST. P.O. Box 8821
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (9/99)