

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
 05-05-2001 90716 042 \*\*\*150.00

**DOCUMENT # P07110**

1. Entity Name  
**E J P INDUSTRIES, INC.**

Principal Place of Business

~~11771 NW 30TH ST.~~  
**P.O. BOX 8821**  
**CORAL SPRINGS FL 33075**  
**US**

Mailing Address

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

2. Principal Place of Business

**4630 N. UNIVERSITY DR.**  
**P.O. BOX 8821**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-2789519**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**  
**11771 NW 30TH ST.**  
**P.O. BOX 8821**  
**CORAL SPRINGS FL 33075**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**4630 N. UNIVERSITY DR. P.O. BOX 8821**

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.

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, 2001 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTDS**  
**PRONGER, E.J.**  
**11771 NW 30TH ST., PO BOX 8821**  
**CORAL SPRINGS FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
**4630 N. UNIVERSITY DR. P.O. BOX 8821**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS**  
**PRONGER, D.E.**  
**11771 NW 30TH ST. PO BOX 8821**  
**CORAL SPRINGS FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition  
**4630 N. UNIVERSITY DR. P.O. BOX 8821**

TITLE  
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 STREET ADDRESS  
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TITLE  
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☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01**  
**Carroll A. L. # 7600-1670-0006-N24-7098**

CR2E034 (10/00)