

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060288

i. Entity Name

PJ & ME, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90080 020 ***150.00

Principal Place of Business	Mailing Address
SE OCEAN BLVD. TRICA'S HALLMARK FL 34996	9940 S OCEAN DR #807 JENSEN BEACH FL 34957-2402 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0405890	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BALL, JOHN E. DR. 9940 S OCEAN DR #807 JENSEN BCH FL 34957

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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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	DST	TITLE	
NAME	BALL, JOHN E DR.	NAME	
STREET ADDRESS	9940 S. OCEAN DR. #807	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	CITY-ST-ZIP	
TITLE	DP	TITLE	
NAME	BALL, PATRICIA C	NAME	
STREET ADDRESS	9940 S. OCEAN DR. #807	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 561-286-1888
Date Daytime Phone #

CR2E034 (9/99)