

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90421 040 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2002 ✓

DOCUMENT # *P94000048293*

1. Entity Name
P. D. J. P., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1124 NW 134th AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State
SUNRISE, FLORIDA

City & State

Zip
33323

Country
U.S.A.

4. FEI Number
65-0505338

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PAUL PHILLIPS

Street Address (P.O. Box Number is Not Acceptable)
1124 NW 134th AVE.

City
SUNRISE

State
FL

Zip Code
33323

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]* DATE *5/6/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recording)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **\$5.00** May Be Added to Fees

January - May 1 Fee is \$150.00
April - May 1 Fee is \$250.00
After May 1 Fee is \$400.00
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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

*P/D
PAUL PHILLIPS
1124 NW 134th AVE
SUNRISE, FL. 33323*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

*D
DIANA PHILLIPS
691 TALAVERA RD.
WELTON, FL. 33326*

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DO NOT WRITE IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *5/6/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)