

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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90723 015 \*\*\*150.00

DOCUMENT # P94000061142

1. Entity Name P.J. Locksmith Inc.



**DO NOT WRITE IN THIS SPACE**

**94057136**

2. Principal Place of Business  
524 N. CYPRESS DRIVE

Suite, Apt. #, etc.

3. Mailing Address  
524 N. CYPRESS DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TEQUESTA

City & State  
TEQUESTA

4. FEI Number  
65-0513121

Applied For  
Not Applicable

Zip  
FL.

Country  
33469

Zip  
FL.

Country  
33469

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 PATRICK JAMES

Street Address (P.O. Box Number is Not Acceptable) 524 N. CYPRESS DRIVE

City TEQUESTA

FL

Zip Code  
33469

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

2-15-04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JAMES PATRICK L  
524 N. CYPRESS DRIVE  
TEQUESTA, FL. 33469

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick James

PATRICK JAMES

2-15-04

954 325-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)