2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000071377 DOCUMENT # 1. Entity Name



01-09-2003 90104 018 ***150.00

P&EINL	JUSTRIES	S, INC.														
Principal Plac P.O. BOX 810 BOCA RATON	g Address BOX 810095 RATON FL 33481-0	1481-0095														
2. Principal Place of Business 3. Mai				Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES								
City & Stat	le		City	City & State			4. FEI No			1 Number 65-0535637				Applied For Not Applicable		
Zip Country			Zip	Zip Cou				5. Certifi	cate o	f Status Des	ired		\$8.75 Fee Req		ional	7
	6. Name	and Address of Curren	t Registere	d Agent				7. Name	and A	ddress of t	lew Re	gistered	Agent]
						Name				•						
HACKMAN	N, JEFFREY	A				Stroot Ad	dropp /E	DO Boy No	ımbar	ic Not Acco	atable)			—		\dashv
1082 S. ROGERS CIR.							uress (F	O. BOX NI	moei	is Not Acce	Jiable)					
BOCA RA	TON FL 334	1 87			2961	1 V	DW 2v	J	AUG 7	#11					1	
						City /	10	70		170 <u>6 1</u> El	• • •	F	Zjp)99g	1	┪
2 The above	nomad antit	y submits this statement t	or the purp	oco of changing its	rogistor	nd office or r	3617 edistere	ed agent o	r both	in the State	of Flori		12/	17	nd accept	\dashv
	tions of regist		or the purp	ose of chariging its	ricgister	sa office of F	egistere	eu agent, o	i DOA1,	III tile otate	0,110	uu. Tan	riarima w	107, CA	ia docopi	
SIGNATURE .	Signature, type	or printed name of registered ager	et and title if app	licable. {NOT	E: Registere	d Agent signature	e required v	when reinstatin	g)			DATE				
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department (·		9		tion Campai Fund Contr					May Be o Fees	1
10.		OFFICERS AND	1	RS.	11.			ADDITIO	NS/C	HANGES TO	OFFIC	ERS AN	D DIRECT	ORS	IN 11	1
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12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete