

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072414

1. Entity Name  
P.J. & SONS, INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90112 042 \*\*\*150.00

Principal Place of Business  
17195 WATER'S EDGE CIRCLE  
N. FT. MYERS FL 33917

Mailing Address  
17195 WATER'S EDGE CIRCLE  
N. FT. MYERS FL 33917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2607 DE 9th AVE  
Suite, Apt. #, etc.

3. Mailing Address  
2607 DE 9th AVE  
Suite, Apt. #, etc.

City & State  
CAPE CORAL FL  
Zip  
33909  
Country  
US

City & State  
CAPE CORAL FL 33909  
Zip  
33909  
Country

4. FEI Number 65-0528223  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HOPSON, JEROME  
17195 WATER'S EDGE CIRCLE  
N. FT. MYERS FL 33917

7. Name and Address of New Registered Agent  
Name  
Jerome Hopson  
Street Address (P.O. Box Number is Not Acceptable)  
111 EAST NORTH SHORE DR  
N. FT. MYERS, FL  
City  
FL Zip Code  
33917

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

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 |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | D HOPSON, JEROME                |
| STREET ADDRESS             | 111 EAST NORTH SHORE AVE        |
| CITY-ST-ZIP                | N. FT. MYERS FL 33917           |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | D HOPSON, SHARON                |
| STREET ADDRESS             | 111 EAST NORTH SHORE AVE        |
| CITY-ST-ZIP                | N. FT. MYERS FL 33917           |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | D HOPSON, KURT                  |
| STREET ADDRESS             | 17195 WATERS EDGE CIRCLE        |
| CITY-ST-ZIP                | FORT MYERS FL 33917             |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | D HOPSON, TAMMIE                |
| STREET ADDRESS             | 17195 WATERS EDGE CIRCLE        |
| CITY-ST-ZIP                | FORT MYERS FL 33917             |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | :                               |
| STREET ADDRESS             | :                               |
| CITY-ST-ZIP                | :                               |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | :                               |
| STREET ADDRESS             | :                               |
| CITY-ST-ZIP                | :                               |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PRESIDENT HOPSON, Jerome   |
| STREET ADDRESS  | 111 EAST NORTH SHORE AVE   |
| CITY-ST-ZIP   | N. FT. MYERS FL 33917  |
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | VICE PRESIDENT HOPSON, Kurt  |
| STREET ADDRESS  | 17195 WATERS EDGE CIR  |
| CITY-ST-ZIP   | N. FT. MYERS FL 33917  |
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SECRETARY HOPSON Tammie  |
| STREET ADDRESS  | 17195 WATERS EDGE CIR  |
| CITY-ST-ZIP   | N. FT. MYERS, FL 33917   |
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | TREASURER HOPSON, Sharon   |
| STREET ADDRESS  | 111 EAST NORTH SHORE AVE   |
| CITY-ST-ZIP   | N. FT. MYERS, FL 33917   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | :  |
| STREET ADDRESS  | :  |
| CITY-ST-ZIP   | :  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | :  |
| STREET ADDRESS  | :  |
| 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: Jerome W. Hopson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)