

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90118 016 \*\*\*150.00

0483602 AV

**DOCUMENT # P94000072414**

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

Principal Place of Business

**2607 NE 9TH AVE  
 CAPE CORAL FL 33909**

Mailing Address

**2607 NE 9TH AVE  
 CAPE CORAL FL 33909**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0528223**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOPSON, JEROME  
 111 EAST NORTH SHORE DR  
 N. FT. MYERS FL 33917**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOPSON, JEROME</b>	
STREET ADDRESS	<b>111 EAST NORTH SHORE AVE</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOPSON, SHARON</b>	
STREET ADDRESS	<b>17195 WATSEDEGE CIR</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL 33917</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOPSON, TAMMIE</b>	
STREET ADDRESS	<b>17195 WATSEDEGE CIRCLE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HOPSON, SHARON</b>	
STREET ADDRESS	<b>111 EAST NORTH SHORE AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kurt W. Hopson</b>	
STREET ADDRESS	<b>1307 SE 14th Terrace</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tammie Hopson</b>	
STREET ADDRESS	<b>1307 SE 14th Terrace</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
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: Tammie L Hopson 941-772-7991  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-23-02 Daytime Phone #

CR2E034 (9/01)