

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90220 013 \*\*\*150.00

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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

4. FEI Number **65-0528223**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **KURT HOPSON**

Street Address (P.O. Box Number is Not Acceptable)  
**1207 SE 14 TERRACE**

City **CAPE CORAL FL**

**FL**

Zip Code **33990**

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: *Tammie Hopson*  
Signature, typed or printed name of registered agent and title if applicable.

*Tammie Hopson*  
(NOTE: Registered Agent signature required when reinstating)

*4-11-03*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>HOPSON, JEROME</del>	
STREET ADDRESS	<del>111 EAST NORTH SHORE AVE</del>	
CITY-ST-ZIP	<del>N. FT. MYERS FL 33917</del>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HOPSON, TAMMIE</b>	
STREET ADDRESS	<b>1807 SE 14TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>HOPSON, SHARON</del>	
STREET ADDRESS	<del>111 EAST NORTH SHORE AVE</del>	
CITY-ST-ZIP	<del>FORT MYERS FL 33917</del>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HOPSON, KURT W</b>	
STREET ADDRESS	<b>1207 SE 14TH TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tammie Hopson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Tammie Hopson* *4-11-03* *289787991*  
Date Daytime Phone #

CR2E034 (10/02)