

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90493 042 \*\*\*150.00

**DOCUMENT # P95000055919**

1. Entity Name  
**SJM ENTERPRISES, INC.**

Principal Place of Business

**5145 HONEYNUT LANE  
 WINDERMERE FL 34786  
 US**

Mailing Address

**PO BOX 663  
 WINDERMERE FL 34786-0663  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3328788**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTOCCI, SUSAN J  
 5145 HONEYNUT LANE  
 WINDERMERE FL 34786**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **MARTOCCI, SUSAN J**  
 STREET ADDRESS **5145 HONEYNUT LANE**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVTS** ☐ Delete  
 NAME **BOUDREAUX, JACQUELYN F**  
 STREET ADDRESS **5145 HONEYNUT LANE**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **FAROTTO, PATRICIA S**  
 STREET ADDRESS **4352 KIRKMAN RD UNIT 12**  
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **ROLLEN, PATRICIA S.**  
 STREET ADDRESS **2853 TANGLO TREE DR.**  
 CITY-ST-ZIP **ORLANDO, FL**

TITLE **VD** ☐ Delete  
 NAME **BOUDREAUX, GERALD D**  
 STREET ADDRESS **5145 HONEYNUT LANE**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **BERKEZCHUK, MICHAEL B**  
 STREET ADDRESS **18537 AVOCET DR.**  
 CITY-ST-ZIP **LUTZ FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Signature of Gerald D. Boudreaux*  
**Gerald D. Boudreaux** Vice President

**5/1/02**

**407-909-1951**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)