

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072380

1. Entity Name

PBJ & S, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90047 028 ***150.00

Principal Place of Business

Mailing Address

2199 N MONROE
STE B
TALLAHASSEE FL 32303

2199 N MONROE
STE B
TALLAHASSEE FL 32303-4763

2. Principal Place of Business

3. Mailing Address

7093 OK Bow ROAD
Suite, Apt. #, etc.

7093 OK Bow ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

TALLAHASSEE, FL.

TALLAHASSEE, FL.

4. FEI Number 59-3340619

Applied For

Not Applicable

Zip

Country

32312

Zip

Country

32312

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

JAMES H. HATHAWAY
2199 N MONROE ST., STE B
TALLAHASSEE FL 32303

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HATHAWAY, JAMES H
2199-B N MONROE
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HATHAWAY, CAMILLE D
2199-B N MONROE
TALLAHASSEE FL 32303 ☐ Delete

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

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-2000 800-668-3022

CR2E034 (9/99)