


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90356 009 \*\*\*150.00

DOCUMENT # P97000032549  
1. Entity Name HJ Ent of Palm Bchs, Inc



**DO NOT WRITE IN THIS SPACE**

**11037032**

2. Principal Place of Business 1260 Plaza Circle  
Suite, Apt. #, etc.

3. Mailing Address Same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Singer Island  
City & State

Zip 33404 Country FL, USA  
Zip Country

4. FEI Number 85-0741973 Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stacey Busch

Street Address (P.O. Box Numbers Not Acceptable) 217 Lakeworth Ave

City Lantana FL Zip Code 33462

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres Stacey Busch 217 Lakeworth Ave Lantana, FL 33462</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered

SIGNATURE: Stacey Busch 4-29-03 561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 845-0508

CR2E034B (12/02)