

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90152 006 \*\*\*150.00

0490067 AV

**DOCUMENT # P97000083503**

1. Entity Name  
**PJ'S TROPICAL FOLIAGE, INC.**



Principal Place of Business  
**29705 67TH WAY NORTH  
CLEARWATER FL 33761**

Mailing Address  
**29705 67TH WAY NORTH  
CLEARWATER FL 33761**



2. Principal Place of Business

**2854 Quail Hollow Rd W.**  
Suite, Apt. #, etc.

3. Mailing Address

**2854 Quail Hollow Rd W**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Clearwater FL**

Zip  
**33761**

Country  
**USA**

City & State  
**Clearwater FL**

Zip  
**33761**

Country  
**USA**

4. FEI Number **59-3473031**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIBEN-BRIGHT, WENDY  
29705 67TH WAY NORTH  
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name  
**Wendy Siben-Bright**  
Street Address (P.O. Box Number is Not Acceptable)  
**2854 Quail Hollow Rd W**  
City  
**Clearwater FL 33761**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIBEN-BRIGHT, WENDY</b> <b>29705 67TH WAY NORTH</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRIGHT, HOWARD W</b> <b>29705 67TH WAY NORTH</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2854 Quail Hollow Rd W.</b> <b>Clearwater FL 33761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2854 Quail Hollow Rd W</b> <b>Clearwater FL 33761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Wendy Siben-Bright**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03** **727-536-9667**  
Date Daytime Phone #

CR2E034 (10/02)