

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90148 007 ***150.00

DOCUMENT # P98000049413

1. Entity Name
P. J. & S. J. CORPORATION

Principal Place of Business
2929 S.E. OCEAN BLVD.
130-2
STUART FL 34996

Mailing Address
3109 MAHOGANY DRIVE
BOYNTON BEACH FL 33436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10182 STONEHENGE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1011

City & State

City & State

BOYNTON BEACH, FLORIDA

4. FEI Number

65-0834477

Applied For

Not Applicable

Zip

Country

Zip

Country

33437

PALM BEACH

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

HEYMAN, BRUCE
3109 MAHOGANY DRIVE
BOYNTON BEACH FL 33426

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 **P** ☒ Delete
 NAME **HEYMAN, BRUCE**
 STREET ADDRESS **3109 MAHOGANY DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **BRUCE HEYMAN**
 STREET ADDRESS **10182 STONEHENGE CIR.**
 CITY-ST-ZIP **BOYNTON BEACH FLORIDA 33437**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *Bruce Heyman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)