## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 29, 2001 8:00 am Secretary of State DOCUMENT # P99000035757 1. Entity Name 08-29-2001 90002 024 \*\*\*150.00 PJ VENDING COMPANY, INC. Principal Place of Business Mailing Address 1019 25 AVE. N. 1019 25 AVE. N. AU082828 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3573685 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMPSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 1518 27 ST. S.E. RUSKIN FL 33570 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (5/01) Delete Addition TITLE Change NAME DICKERSON, PAULETTE NAME STREET ADDRESS 1019 25 AVE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME THOMPSON, JOHN NAME STREET ADDRESS STREET ADDRESS 1518 28 ST SE CITY-ST-ZIP CITY-ST-ZIP RUSKIN FL 33570 Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

SUUUL S SIGNATURE: TUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

AHachment 1019 25 Avenue NAXX 28 St Petersburg, FL 33704 (727) 895-0033

## PJ Vending Company, Inc

August 14, 2001

Florida Department of State Division of corporations P99000035757

Dear Sir or Madam:

I am writing about our 2001 Uniform Business Report:

During the month of April I sent in a facsimile of form UBR with all of the pertinent information. This was mailed with a company check drawn on the corporate account at Bay Pines Federal Credit Union.

We received the facsimile form back with an official form UBR, but if I recall, not the check

We returned the form UBR and assumed that all was well until receipt of the late notice UBR.

I spoke with Suzanne 7 August 2001 and explained these things to her and she indicated that we should draft this letter and send a copy of the original UBR.

We are currently checking with the credit union for the cancelled check, if any. Unfortunately they do not return our checks with the statement.

Thank you for your understanding and for working with us concerning this matter.

Please feel free to call if we may be of further assistance.

Sincerely,

John Thompson (727)895-0033

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 eath; 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

4-29-01 813-641-7261 Date Daytime Phone #