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Daytime Phone #

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P99000041747 1. Entity Name 04-02-2002 90878 047 \*\*\*150.00 P.J.J.L. INC. Principal Place of Business Mailing Address 730 EAST INTERNATIONAL' SPEEDWAY BLVD. 730 EAST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3589853 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERRENG, JEAN LUC Street Address (P.O. Box Number is Not Acceptable) 730 EAST INTERNATIONAL SPEEDWAY BLVD. **DAYTONA BEACH FL 32118** 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete HERRENG, JEAN L NAME NAMÉ 730 E INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32118 CITY-ST-ZIP TITLE ST ☐ Delete Change Addition NAME PALETTE, ANNICK NAME STREET ADDRESS STREET ADDRESS 730 E INTERNATIONAL SPEEDWAY BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST. ZIP Change Addition NAME STREET ADDRESS STREET ADDRES 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 SIGNATURE: