

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000053719**

1. Entity Name

PCJ & ASSOCIATES INC.**FILED****May 19, 2000 8:00 am**
Secretary of State

05-19-2000 90045 047 ***150.00

Principal Place of Business

**4243 MARK STREET
TEQUESTA FL 33469**

Mailing Address

**D.O. BOX 3965
TEQUESTA FL 33469-1015**

2. Principal Place of Business

6 LATHAM HILL RD

Suite, Apt. #, etc.

3. Mailing Address

6 LATHAM HILL RD

Suite, Apt. #, etc.

City & State

COLUMBIA CT

Zip

06237

Country

USA

City & State

COLUMBIA CT

Zip

06237

Country

USA

4. FEI Number

65-0926211

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, PAIGE
4243 MARK STREET
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent

Name

FLORIDA INCORPORATORS, INC

Street Address (P.O. Box Number is Not Acceptable)

1221 Brickell Ave.**Suite 900**

City

Miami**FL**

Zip Code

33131

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

Mark Hankins, President**4/20/00**

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, PAIGE	
STREET ADDRESS	4243 MARK STREET	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, STEPHEN R	
STREET ADDRESS	4243 MARK STREET	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6 LATHAM HILL RD	
CITY-ST-ZIP	COLUMBIA CT 06237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6 LATHAM HILL RD	
CITY-ST-ZIP	COLUMBIA CT 06237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **PAIGE JONES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/8/00**
Date**860-228-7531**
Daytime Phone #