

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90150 008 ***150.00

DOCUMENT # P99000108532



1. Entity Name
PJM CONTRACTORS, INC.

Principal Place of Business
**200 SOUTHEAST 9TH COURT
POMPANO BEACH FL 33060**

Mailing Address
**200 SOUTHEAST 9TH COURT
POMPANO BEACH FL 33060**

2. Principal Place of Business

120 E. OAKLAND PARK BLVD

3. Mailing Address

1220 SE 12TH TERRACE

Suite, Apt. #, etc.

SUITE 105

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

DEERFIELD BEACH, FL

Zip

33334

Country

USA

Zip

33441

Country

USA

4. FEI Number

65-0968677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

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 **PD** ☐ Delete
NAME **MITCHELL, JUDITH C**
STREET ADDRESS **200 SOUTHEAST 9TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **S** ☐ Delete
NAME **MITCHELL, PATRICK J**
STREET ADDRESS **200 SOUTHEAST 9TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **T** ☐ Delete
NAME **MITCHELL, SHANNON M**
STREET ADDRESS **200 SOUTHEAST 9TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

PATRICK MITCHELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

954-444-4950

Date

Daytime Phone #

CR2E034 (10/02)