

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90783 001 \*\*\*\*\*8.75  
 05-12-2002 90783 002 \*\*\*150.00

**DOCUMENT # S03292**

1. Entity Name  
**NJ PRESSURE-PLUS, INC.**

**Principal Place of Business**

**1717 SW 1ST WAY  
 SUITE 11  
 DEERFIELD BEACH FL 33441  
 US**

**Mailing Address**

**1717 SW 1ST WAY  
 SUITE 11  
 DEERFIELD BEACH FL 33441  
 US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**59-3037432**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

**HUGHES, ROBERT N.  
 1321 SE 4TH COURT  
 DEERFIELD BEACH FL 33441**

**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.

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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HEINKEL, THEODORE S</b>	
STREET ADDRESS	<b>4177 JUNIPER TER</b>	
CITY-ST-ZIP	<b>BOYTON BEACH FL</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> Delete
NAME	<b>CARLETON, EDWARD L</b>	
STREET ADDRESS	<b>861 PETUNA DR</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HEINKEL, KIMBERLY A</b>	
STREET ADDRESS	<b>4177 JUNIPER TERRACE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, NANCY J</b>	
STREET ADDRESS	<b>937 GREENBRIAR DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, ROBERT N</b>	
STREET ADDRESS	<b>937 GREENBRIAR DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
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	
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	
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:**

*Nancy J Hughes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-02**

Date

**954-426-6456**

Daytime Phone #

CR2E034 (9/01)