FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90100 023 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10091265

DOCUMENT # P02000034802

1. Entity Name
MYKENZI & CO., INC.

Principal Place of Business
2813 SWEETBRIAR DR.
TALLAHASSEE, FL 32312

Mailing Address
2813 SWEETBRIAR DR.
TALLAHASSEE, FL 32312

2. Principal Place of Business		3. Mailing Address	
2481 Crawfordville Hwy #3		PO Box 16166	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Crawfordville FL		Tallahassee FL	
City & State		City & State	
Zip: 32327	Country: USA	Zip: 32317	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 030428537 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, JONELLE M
2813 SWEETBRIAR DR.
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name: Jonelle Johnston
Street Address (P.O. Box Number is Not Acceptable): 3440 Welwyn Way
City: Talla 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: Jonelle Johnston 4-28-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSTON, JONELLE M 2813 SWEETBRIAR DR. TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Johnston, Jonelle M 3440 Welwyn Way Tallahassee FL 32309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JOHNSTON, THOMAS E 2813 SWEETBRIAR DR. TALLAHASSEE, FL 32312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Johnston, Thomas E 3440 Welwyn Way Tallahassee FL 32309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Jonelle Johnston 4-28-03 (850) 251-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #