

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90217 015 ***150.00

DOCUMENT # P93000029283

1. Entity Name
M.W.J.M. INC.

Principal Place of Business

**8802-B VENTURE COVE
TAMPA FL 33637**

Mailing Address

**8802-B VENTURE COVE
TAMPA FL 33637**

2. Principal Place of Business

10333 Windhorst Rd

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33619

Country

3. Mailing Address

10333 Windhorst Rd

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33619

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3185508

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELDON, MARK
8802-B VENTURE COVE
TAMPA FL 33637**

**10333 Windhorst Rd
Tampa FL 33619**

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	P	☐ Delete
NAME	WELDON, MARK	
STREET ADDRESS	8802-B VENTURE COVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE	VP	☐ Delete
NAME	DE OCA, JERRY M	
STREET ADDRESS	8802-B VENTURE COVE	
CITY-ST-ZIP	TAMPA FL 33637	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	10333 Windhorst Rd	
CITY-ST-ZIP	Tampa FL 33619	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	10333 Windhorst Rd	
CITY-ST-ZIP	Tampa FL 33619	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 (813) 988-2628

CR2E034 (9/01)