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

## **DOCUMENT # \$15956** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name M. J. LOAN COMPANY 04-26-2000 90196 014 \*\*\*150.00 Mailing Address Principal Place of Business 404 EUNICE DRIVE 404 EUNICE DRIVE LAKELAND FL 33803-2618 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3041820 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNDON, JOHN B. Street Address (P.O. Box Number is Not Acceptable) **404 EUNICE DRIVE** LAKELAND FL 33803 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition D Delete TITLE TITLE HERNDON, JOHN B. NAME NAME STREET ADDRESS **404 EUNICE DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE LAKELAND FL ☐ Addition Change ☐ Delete TITLE TITLE HERNDON, MELODEE M. NAME STREET ADDRESS STREET ADDRESS **404 EUNICE DRIVE** CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered

changed, or on an attach

SIGNATURE:

4/19/00 863-686-562

Daytime Phone #