

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90004 041 ***150.00

DOCUMENT # P96000008783

1. Entity Name
SEMAJ ENTERPRISES, INC.

A0055401



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business 1311 TURNBULL ST NEW SMYRNA BEACH FL 32168 US | Mailing Address 1300 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168-6008 US |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

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|-------------------------------------------------------|--------------------------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 290969 Suite, Apt. #, etc. |
|-------------------------------------------------------|--------------------------------------------------------------|

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|---------------------------------|-----------------------------|------------------------------------------------------------------------------------------|
| City & State Port Orange, FL | 4. FEI Number 59-3357284 | Applied For Not Applicable |
| Zip 32129-0969 | Country US | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

OSSINSKY, MARK
250 N WYMORE RD
WINTER PARK FL 32168

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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PEACOCK, MICHELE L 1525 CASEY LANE PORT ORANGE FL 32119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4525 S. ATLANTIC AV #1301 PONCE INLET, FL 32127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEACOCK, JAMES R JR 138 CORAL CIRCLE SOUTH DAYTONA FL 32119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3757 S ATLANTIC DAYTONA Beach Show - PC 32115 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEACOCK, MYRTICE 4895 S ATLANTIC AVE PONCE INLET FL 32127 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4525 S. ATLANTIC AV #1301 PONCE INLET, FL 32127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ **REQUIRED** 4/29/00 7016928
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #