**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$97265  1. Entity Name  MARJOHN ENTERPRISES, INC.					Apr 26, 2002 8:00 am Secretary of State 04-26-2002 90009 049 ***150.00			
Principal Place of Business 4100 EAST BAY DRIVE A-4 CLEARWATER FL 33764		Mailing Address 4100 EAST BAY DRIVE A-4 CLEARWATER FL 33764			7 0 4 E V E			
2. Principal Place of Business  Suite, Apt. #, etc.  Suite B-42		3. Mailing Address  Suite, Apt. #, etc.  Suite B-42			DO NOT WRITE IN THIS SPACE			
2ip33	Country 7.7.1	City & State LARGO	FL Country	5.	FEI Number 59-3098210  Certificate of Status Desired □	\$8.75 Addi		
6. Name and Address of Current Registered Agent  ROSICA, JOHN S 1262 DELEON COURT  PALM HARBOR FL 34683				Street Address (P.O. Box Number is Not Acceptable)				
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 filling 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								
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E P ROSICA, JOHN S. 1262 DELEON COURT PALM HARBOR FL 34683		12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	A	L DDITIONS/CHANGES TO OFFICERS AN  NEDIN, FL 34698	Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSICA, PAULA 1262 DELEON COURT PALM HARBOR FL 34683	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		UNEDIN, FL 3469	Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	C ROSICA, JOHN S. 1262 DELEON COURT PALM HARBOR FL 34683	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DUNEDIN, FL 346	·	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. i hereby c	certify that the information supplied with t	☐ Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption state	ed in Section	n 119.07(3)(i), Florida Statutes. I further co	☐ Change	Addition	

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 on the receiver or tastee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROSIDER

Date

Daytime Phone #