

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90138 041 \*\*\*150.00

0303194 AV

**DOCUMENT # 221719**

1. Entity Name  
**M & J LANDS INC**

Principal Place of Business

**2340 NE 7 PL  
 FT LAUD FL 33304  
 US**

Mailing Address

**2340 NE 7 PL  
 FT LAUD FL 33304  
 US**

2. Principal Place of Business  
**552 Forest Trail**

3. Mailing Address  
**552 Forest Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Oviedo, FL**

City & State  
**Oviedo, FL**

4. FEI Number  
**59-1003643**

Applied For  
 Not Applicable

Zip  
**32765**

Country  
**USA**

Zip  
**32765**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, LAURA  
 2340 NE 7 PL  
 FORT LAUDERDALE FL 33304**

Name  
**Roy C. Jones, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**552 Forest Trail**  
 City  
**Oviedo FL** Zip Code  
**32765**

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

*Roy C. Jones, Jr.*

1/22/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD** ☐ Delete  
 NAME  
**MOSER, WILLIAM EUGENE**  
 STREET ADDRESS  
**2340 NE 7 PL**  
 CITY-ST-ZIP  
**FT LAUD FL 33304**

TITLE  
**P/D** ☒ Change ☐ Addition  
 NAME  
**MOSER, WILLIAM EUGENE**  
 STREET ADDRESS  
**P.O. Box 476**  
 CITY-ST-ZIP  
**BLUFFTON, IN. 46714**

TITLE  
**ST** ☐ Delete  
 NAME  
**JONES, ROY C JR**  
 STREET ADDRESS  
**552 FOREST TR**  
 CITY-ST-ZIP  
**OVIDO FL 32765**

TITLE  
**S/T/D** ☒ Change ☐ Addition  
 NAME  
**JONES, ROY C., JR.**  
 STREET ADDRESS  
**552 Forest Trail**  
 CITY-ST-ZIP  
**Oviedo, FL 32765**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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:

*Roy C. Jones, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roy C. Jones, Jr.**  
 Secretary

1/22/02

407/365-3648

Date

Daytime Phone #

CR2E034 (9/01)