

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**  
 02-05-2001 90070 038 \*\*\*150.00

**DOCUMENT # F00000000878**

1. Entity Name  
**M.J. CONTRACTING, INC.**

Principal Place of Business

**7618 ALVINA ST.  
 TAMPA FL 33625**

Mailing Address

**7618 ALVINA ST.  
 TAMPA FL 33625**

**00013663**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**17236 Dalberg DR.  
 Suite, Apt. #, etc.  
 Spring Hill, FL.  
 City & State**

3. Mailing Address

**17236 Dalberg DR.  
 Suite, Apt. #, etc.  
 Spring Hill, FL.  
 City & State**

4. FEI Number **56-2048934**

Applied For  
 Not Applicable

Zip  
**34610**

Country  
**USA**

Zip  
**34610**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JORDAN, MICHAEL A  
 7618 ALVINA ST.  
 TAMPA FL 33625**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PT JORDAN, MICHAEL A 7618 ALVINA ST. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JORDAN, KAREN 7618 ALVINA ST. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MICHAEL Jordan 17236 Dalberg DR. Spring Hill, FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JORDAN, KAREN 17236 Dalberg DR. Spring Hill, FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

**Karen D. Jordan**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Karen Jordan 1-7-01 727-856-3630**

CR2E034 (10/00)