2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State F0000000878 DOCUMENT # 1. Entity Name 05-28-2002 91642 049 ***150.00 M.J. CONTRACTING, INC. Principal Place of Business Mailing Address 17236 DALBERY AVENUE 17236 DALBERY AVENUE -SPRING HILL FL 34610 SPRING HILL FL 34610 2. Principal Place of Business 3. Mailing Address 7606 Alvina Street 7606 Alvina Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Támpa, FL 33625 Tampa, FL 33625 56-2048934 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33625 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Jordan, Michael</u> JORDAN, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 7818 ALVINA ST. 7606 ALVINA ST <u>7606 Alvina Street</u> **TAMPA FL 33625** City Zip Code 33625 Tampa 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 🗹 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, (See criteria on back) X. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PTVS X Change Addition NAME JORDAN, MICHAEL A NAME Jordan, Michael A. STREET ADDRESS 17236 DALBERG DRIVE CITY-SI-ZP 06 Alvina Street CITY-ST-ZIP SPRING HILL FL 34610 ramph, FL 33625 TITLE Delete TITLE ☐ Change ☐ Addition NAME JORDAN, KAREN NAME STREET ADDRESS 17236 DALBERG DRIVE STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34610 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

α 8/9/02 κ(6/5) 927-338)
Date Daytime Phone #