

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90157 046 ***150.00

DOCUMENT # **F12331**

1. Entity Name
M & L MOTORS OF JAX, INC.



Principal Place of Business
**5225 BEACH BLVD
JACKSONVILLE FL 32207
US**

Mailing Address
**5225 BEACH BLVD
JACKSONVILLE FL 32207
US**

2. Principal Place of Business
1862 SALT MYRTLE LANE
Suite, Apt. #, etc.

3. Mailing Address
1862 SALT MYRTLE LANE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
ORANGE PARK FL

City & State
ORANGE PARK FL

4. FEI Number **59-2051393**

Applied For
 Not Applicable

Zip **32073** Country **US**

Zip **32073** Country **US**

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

**HODGE, JAMES E
1517 SHELTER COVE RD
ORANGE PARK FL 32073**

Name
HODGE, JAMES L
Street Address (P.O. Box Number is Not Acceptable)
1862 SALT MYRTLE LANE
City **ORANGE PARK FL** Zip Code **32073**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James L Hodge*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT HODGE, JAMES E 1517 SHELTER COVE RD ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODGE, JAMES L 1862 SALT MYRTLE LANE ORANGE PARK 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James L Hodge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)