

2000 UNIFORM BUSINESS REPORT (UBR)

71

FILED

Aug 01, 2000 8:00 am
Secretary of State

07-07-2000 90460 040 ***150.00

DOCUMENT # **F99000001305**

1. Entity Name

M. Pejon International

Principal Place of Business

Mailing Address

2400 Yankee Clipper Drive
Jacksonville International Airport
Jacksonville, Florida 32218

2. Principal Place of Business

Jax. Int'l Airport

3. Mailing Address

Jax. Int'l Airport

Suite, Apt. #, etc.

2400 Yankee Clipper Dr.

Suite, Apt. #, etc.

2400 Yankee Clipper Dr.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

22-2725424

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

32218

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

M. Pejon International - Myrna Strain
Jacksonville International Airport
2400 Yankee Clipper Drive
Departure Level
Jacksonville, Florida 32218

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, 2000 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	President	<input type="checkbox"/> Delete
NAME	Myrna Strain	
STREET ADDRESS	9802 Baymeadows Rd., Suite 12	
CITY-ST-ZIP	Jacksonville, Florida 32256	<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	N/A	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP	N/A	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	N/A	

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 fee empowered.

SIGNATURE:

Myrna Strain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/00 (904) 741-0012
Date Daytime Phone #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

7/7/00-90460-040-\$150.00-\$150.00

DOCUMENT # **F9900000-1305**

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107014

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CR2E034 (9/99)