

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90501 017 ***150.00

DOCUMENT # G95438 1. Entity Name M.A.J. INC.			
Principal Place of Business 1100 INDIAN MOUND TRAIL VERO BEACH FL 32969		Mailing Address 1100 INDIAN MOUND TRAIL VERO BEACH FL 32969	
32961-5335		32961-5335	
2. Principal Place of Business PO BOX 5335		3. Mailing Address PO BOX 5335	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State VERO Bch FL		City & State VERO BEACH FL	
Zip 32961-5335		Zip 32961-5335	
Country INDIAN RIVER		Country INDIAN RIVER	
4. FEI Number 59-2467888		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MARY JOYCE 1100 INDIAN MOUND TRAIL VERO BEACH FL 32969 PO BOX 5335 700 SE 25th ST OKeechobee FL 34974		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVS	NAME SMITH, MARY JOYCE	TITLE 	NAME
STREET ADDRESS 1100 INDIAN MOUND TRAIL	CITY-ST-ZIP VERO BEACH FL 32961 5335	STREET ADDRESS 	CITY-ST-ZIP
TITLE TD	NAME SMITH, MARY JOYCE	TITLE 	NAME
STREET ADDRESS 1100 INDIAN MOUND TRAIL	CITY-ST-ZIP VERO BEACH FL 32961-5335	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: Signature Required <i>Smith</i> 4-2403 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (10/02)