

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 021 ***150.00

DOCUMENT # **H02903**

1. Entity Name
Invest CMJ, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3760 SW 65th St
Suite, Apt. #, etc.

3. Mailing Address
3760 SW 65th St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Trenton FL

City & State
Trenton, FL

4. FEI Number
592868426

Applied For
Not Applicable

Zip
32693

Country
USA

Zip
32693

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert B. Clemens

Street Address (P.O. Box Number is Not Acceptable)
3760 SW 65th St

City
Trenton **FL** Zip Code
32693

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
**P
I. M. Jenkins
P O Box 947, High Springs FL 32655**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V P
Joe McKenzie
P.O. Box 1607, High Springs FL 32655**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
Robert B. Clemens
3760 SW 65th St Trenton, FL 32693**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

Daytime Phone

CR2E034B (12/01)