

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80088

1. Entity Name

M. J., INC.

Principal Place of Business

% MARK E. SWARTSEL
8410 U.S. HWY. 19, SUITE #105
PORT RICHEY FL 34668

Mailing Address

% MARK E. SWARTSEL
8410 U.S. HWY. 19, SUITE #105
PORT RICHEY FL 34668-6624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0160772

Applied For
Not Applicable

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

SWARTSEL, MARK E.
8410 U.S. HWY. 19
PORT RICHEY FL 34668

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SWARTSEL, MARK E.
STREET ADDRESS 8410 U.S. HWY 19 STE 105
CITY-ST-ZIP PORT RICHEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME SWARTSEL, E.F.
STREET ADDRESS 4419 GRAND BLVD.
CITY-ST-ZIP NEW PORT RICHEY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME ROULE, KATHY
STREET ADDRESS 12918 PEBBLE BCH CR
CITY-ST-ZIP BAYONET POINT FL 34667

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME PASTINA, JOSEPH
STREET ADDRESS 11013 PEPPERTREE LN
CITY-ST-ZIP PORT RICHEY FL 34668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME TOMKINSON, JERRY P.
STREET ADDRESS 8627 ELM LEAF CT.
CITY-ST-ZIP PORT RICHEY, FL. 34668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME LEYLAND, DAVID R.
STREET ADDRESS 13511 STACEY DR.
CITY-ST-ZIP HUDSON, FL. 34667

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90168 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)