

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90087 040 ***150.00

0013223 AV

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1. Entity Name
MHHJ, INC.

Principal Place of Business
1316 IT'L SPEEDWAY BLVD
DAYTONA BEACH FL 32114

Mailing Address
2329 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
59-3690484

Applied For
Not Applicable

Zip Country

Zip Country

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

HILL, MILLER
2329 SOUTH PENINSULA DRIVE
DAYTONA BEACH FL 32118

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 _____ (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 Delete
NAME
D HILL, MILLER
STREET ADDRESS
2329 SOUTH PENINSULA DRIVE
CITY-ST-ZIP
DAYTONA BEACH FL 32118

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
D JORDAN, HENRY
STREET ADDRESS
2331 SOUTH PENINSULA DRIVE
CITY-ST-ZIP
DAYTONA BEACH FL 32118

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
S JORDAN, TRACI
STREET ADDRESS
2331 S PENINSULA
CITY-ST-ZIP
DAYTONA BEACH FL 32118

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
T QUINTAL, STACEY
STREET ADDRESS
2322 CREASANT RIDGE RD
CITY-ST-ZIP
DAYTONA BEACH FL 32118

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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: *Miller* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.24.03 **386.252.0010**
Date Daytime Phone #

CR2E034 (10/02)