

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90280 012 \*\*\*150.00

**DOCUMENT # P01000001432**

1. Entity Name  
**MJR ASSOCIATES, INC.**

Principal Place of Business

~~2501 HIGH AVE~~  
**PANAMA CITY FL 32405**

Mailing Address

~~2501 HIGH AVE~~  
**PANAMA CITY FL 32405**

*I MOVED*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1905 DAYKOLE ST.**

Suite, Apt. #, etc.  
**PANAMA CITY BEACH**

City & State  
**FLORIDA**

Zip  
**32407**

Country  
**BAH**

3. Mailing Address

**1905 DAYKOLE ST.**

Suite, Apt. #, etc.  
**PANAMA CITY BEACH**

City & State  
**FLORIDA**

Zip  
**32407**

Country  
**BAH**

4. FEI Number  
**75-2295862**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSE, MICHAEL J**  
**2501 HIGH AVE**  
**PANAMA CITY FL 32405**

*ADDRESS CHANGE*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1905 DAYKOLE ST.**

City **PANAMA CITY BEACH FL** Zip **32407**

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 *Michael J. Rose*  
 Signature, typed or printed name of registered agent and title if applicable.

**(MICHAEL J. ROSE)**

**July 30, 02**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **ROSE, MICHAEL J**  
 STREET ADDRESS **2501 HIGH AVE**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **1905 DAYKOLE ST.**  
 STREET ADDRESS **PANAMA CITY BEACH, FL**  
 CITY-ST-ZIP **32407**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Michael J. Rose* **REQUIRE MICHAEL J. ROSE 7/30/02 (850) 234-2005**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)



**MJR & Associates, Inc.**  
Structural Engineering

*Attachment  
123489*

August 1, 2002

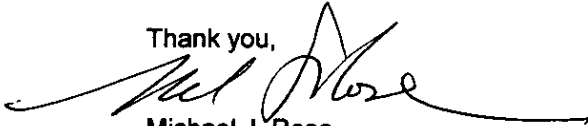
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

MJR & Associates, Inc.  
DO # P01000001432  
FEI # 75-2295862

Gentlemen:

I have moved, the new address is noted on the form. This is the first notice that has reached me. I did provide a mailing address change to the post office and sent the change of address to the all the state agencies. If I missed your group I apologize. I have enclosed a check for \$150.00, please accept this payment. The firm is a one man organization (me) and having a difficult time staying alive. The \$550.00 would really be a hardship.

Thank you,

  
Michael J. Rose  
Owner