

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

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90030 023 ***150.00

DOCUMENT # P01000030337	
1. Entity Name	
M.J. Fiberglass & Gelcoat Repairs, Inc.	

DO NOT WRITE IN THIS SPACE

94040298

2. Principal Place of Business 222 NW 84th Way Suite, Apt. #, etc.	3. Mailing Address 222 NW 84th Way Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Coral Springs, Florida	City & State Coral Springs	4. FEI Number 65-1093980	Applied For <input type="checkbox"/> Not Applicable
Zip 33071	Country USA	Zip 33071	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Santha C. Jackson
Street Address (P.O. Box Number is Not Acceptable) 222 NW 84th Way
City Coral Springs
State FL
Zip Code 33071

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 Santha C. Jackson **Santha C. Jackson** **3/7/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Jackson, Michael A 222 NW 84th Way Coral Springs, Florida 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. Vice President/Director Santha C. Jackson 222 NW 84th Way Coral Springs, Florida 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio Clifton H. Rodriguez, CPA 3146 NW 68 Street, Suite No.1 Ft. Lauderdale, Florida 33309-1206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

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**DO NOT WRITE
IN THIS SPACE**


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

SIGNATURE: Michael Jackson **Michael A. Jackson** **3/7/2004** **(954)509-2036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

Attachment

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment

DOCUMENT # P01000030337			
1. Entity Name M.J.'S FIBERGLASS & GELCOAT REPAIRS, INC.			
Principal Place of Business 3146 NW 68 STREET FT. LAUDERDALE, FL 33309-1206		Mailing Address 3146 NW 68 STREET FT. LAUDERDALE, FL 33309-1206	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03072004		Chg-P CR2E034 (10/03)	
4. FEI Number 65-1093980		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, CLIFTON H CPA 3146 NW 68 ST. FT. LAUDERDALE, FL 33309		Name <u>Santha C. Jackson</u> Street Address (P.O. Box Number is Not Acceptable) <u>222 NW 84th Way</u> City <u>Coral Springs</u> FL Zip Code <u>33071</u>	
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 <u>Santha Jackson</u> Signature, typed or printed name of registered agent and title if applicable		DATE <u>03/07/2004</u> (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PCEO JACKSON, MICHAEL A 332 SW 80TH AVE. NORTH FT. LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>See attached</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, MICHAEL A 332 SW 80TH AVE. NORTH FT. LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>See attached</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JACKSON, SANTHA C 332 SW 80TH AVE. NORTH FT. LAUDERDALE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>See attached</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>See attached</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: _____		03/07/2004 (954) 509-2036	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	