May 01 03 09:46p William S. Vasquez 40'

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91411 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20041291

DOCUMENT # P01000035974

1. Entity Name
M J FOOD STORE INC

Principal Place of Business	Mailing Address
4141 SUNNEY VIEW DRIVE LAKELAND, FL 33813	4141 SUNNEY VIEW DRIVE LAKELAND, FL 33813

2. Principal Place of Business	3. Mailing Address
M.J FOOD STORE Inc	MJ Food STORE INC
Suite, Apt. #, etc. 3E. BROADWAY	Suite, Apt. #, etc. 3-E. BROADWAY
City & State FT. MEADE - FL	City & State FT-MEADE - FL
Zip 33841 Country	Zip 33841 Country U.S.A

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3716789 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MATHEW, SAJI
4141 SUNNEY VIEW DRIVE
LAKELAND, FL 33813

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D MATHEW, SAJI 4141 SUNNEY VIEW DRIVE LAKELAND, FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 04-29-03 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #