

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90331 034 ***158.75

MA16101 AV

DOCUMENT # P01000054918

1. Entity Name

WRITE WORDS.MJC CREATIONS, INC.

Principal Place of Business

**PMB 227, STE. 112-1
 1701 S. ALEXANDER ST.
 PLANT CITY FL 33567-5765**

Mailing Address

**PMB 227, STE. 112-1
 1701 S. ALEXANDER ST.
 PLANT CITY FL 33567-5765**

2. Principal Place of Business

3. Mailing Address

P.O. Box 89115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33689-0401

USA

4. FEI Number

65-1107268

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

GRAFTON, BRIAN

**320 W. BRANDON BLVD., STE. 102
 BRANDON FL 33511**

Name

Suggs, Richard

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

1701 S. Alexander St. Ste 112-1

City

Plant City

FL

Zip Code

33567

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

Richard G. Suggs - Richard G. Suggs

3/9/02

(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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **HEDLUND, CHERYL**
 CITY-ST-ZIP **PMB 227, STE. 112-1, 1701 S. ALEXANDER ST
 PLANT CITY FL 33567-5765**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Hedlund, Cheryl**
 CITY-ST-ZIP **P.O. Box 89115
 Tampa, FL 33689-0401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Delete
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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:

Cheryl Hedlund
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 813-495-9597

Date

Daytime Phone #

CR2E034 (9/01)