

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90050 050 ***150.00

DOCUMENT # P01000072731

1. Entity Name

MRDJJ, INC.

Principal Place of Business

**721 CRICKLEWOOD TERRACE
 HEATHROW FL 32746**

Mailing Address

**721 CRICKLEWOOD TERRACE
 HEATHROW FL 32746**

2. Principal Place of Business

1243 GLENCREST DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1243 GLENCREST DRIVE

Suite, Apt. #, etc.

City & State

HEATHROW, FL

City & State

HEATHROW, FL

4. FEI Number

59-3743408

Applied For

Not Applicable

Zip

32746

Country

Zip

32746

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KATZ, LAWRENCE H

341 N. MAITLAND AVENUE

SUITE 120

MAITLAND FL 32751

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.

SIGNATURE

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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
 STREET ADDRESS
 CITY-ST-ZIP
**JOHN E MACIEWICZ
 1243 GLENCREST DRIVE
 HEATHROW, FL 32746**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 MICHAEL W BRODSKY
 16597 HATTEN ROAD
 TAMPA, FL 33624**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SEC-TR
 DAVID G WEISSER
 5065 ENCINITAS DRIVE
 DELRAY BEACH, FL 33484**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DAVID G WEISSER
 JANE R MACIEWICZ
 1243 GLENCREST DRIVE
 HEATHROW, FL 32746**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DAVID G WEISSER
 ROBIN B BRODSKY
 16597 HATTEN ROAD
 TAMPA, FL 33624**

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LISA JOI WEISSER
 5065 ENCINITAS DRIVE
 DELRAY BEACH, FL 33484**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4502 407-830-6999
 Date Daytime Phone #

CR02034 (9/01)