

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90051 003 ***150.00

DOCUMENT # P01000080354

1. Entity Name
MFJCO, INC.

Principal Place of Business
13614 LAKEPOINTE DRIVE S
CLEARWATER FL 33762

Mailing Address
13614 LAKEPOINTE DRIVE S
CLEARWATER FL 33762



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7709 Holiday Drive
 Suite, Apt. #, etc.

3. Mailing Address
7709 Holiday Drive
 Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
59-3736327

Applied For
 Not Applicable

Zip Country
34231 USA

Zip Country
34231 USA

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

6. Name and Address of Current Registered Agent

MILLER, MIKE
13614 LAKEPOINTE DRIVE S
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
Kimberly A. Colgate
 Street Address (P.O. Box Number is Not Acceptable)
7711 Holiday Drive
 City
Sarasota FL Zip Code
34231

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

1/24/02
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
CEOD
 NAME
WEISMILLER, FRED ☐ Delete
 STREET ADDRESS
305 WOODRIDGE DRIVE
 CITY-ST-ZIP
PORT LUDLOW WA 98365

TITLE
COOD
 NAME
MILLER, MIKE ☐ Delete
 STREET ADDRESS
13614 LAKEPOINTE DRIVE S
 CITY-ST-ZIP
CLEARWATER FL 33762

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME ☐ Change ☒ Addition
 STREET ADDRESS
CTOD Hewitt, Mark
6900 Corral Gate Lane
Sarasota, FL 34241

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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: *Mike Miller* C00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 727-540-0825
DATE Daytime Phone #

CR2E034 (9/01)