

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90209 010 ***150.00

DOCUMENT # P01000083837



1. Entity Name
MJT SALES AND SERVICE, INC.

Principal Place of Business
**4135 BARRETT AVENUE
PLANT CITY FL 33567**

Mailing Address
**4135 BARRETT AVENUE
PLANT CITY FL 33567**



2. Principal Place of Business
4135 Barrett Avenue
Suite, Apt. #, etc.

3. Mailing Address
4135 Barrett Ave.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Plant City, FL
Zip
33566 Country

City & State
Plant City, FL
Zip
33566 Country

4. FEI Number **59-3741059**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOTH, MARK J PSTD
4135 BARRETT AVE
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name
same
Street Address (P.O. Box Number is Not Acceptable)
4135 Barrett Ave
City **Plant City** **FL** Zip Code **33566**

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]** Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/17/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
TOTH, MARK J
4135 BARRETT AVENUE
PLANT CITY FL 33567** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.S.T.D
Toth, Mark J
4135 Barrett Ave
Plant City, FL 33566** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03 (813) 767-4961
Date Daytime Phone #

CR2E034 (10/02)