2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096514

1. Entity Name

M/J REAL ESTATE HOLDINGS, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90217 049 ***150.00

Mounty Activates SSE MANDERLEY RIN LAKE MARY FL 30746 2. Principal Place of Business SSE MANDERLEY RIN LAKE MARY FL 30746 2. Principal Place of Business SSE MANDERLEY RIN LAKE MARY FL 30746 2. Principal Place of Business SSE MANDERLEY RIN LAKE MARY FL 30746 2. Principal Place of Business SSE MANDERLEY RIN LAKE MARY FL 30746 2. Principal Place of Business SSE MANDERLEY RIN LAKE MARY FL 30746 3. Malling Address of Gurrent Registered Agent Name Registered	W/J HEAL ESTATE HOLDINGS, INC.								
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\$ Suits. Appl. #, etc.			•						
City & State City & State City & State City & State Country Country Country Country S. Certificate of Status Desired State Auditional Fee Required TURNEBAUGH, MEUSSA 1-532 MANDERLEY RUN LAKE MARY FL 32746 City FL	2. Principal Pl	ace of Business	3. Mailing Address			 	iailo iriin riio) o i -	MAT FIDAL BROK 1001	
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Zig Country Zip Country 5, Certificate of Status Dashred	City & State		City & State		4.	4. FEI Number 2C.001F117 Applied For			
6. Name and Address of Current Registered Agent TURNBEAUGH, MELISSA	·		7:4	Country			\$9.75		
TURNBEAUGH, MELISSA - 532 MANDERLEY RUN LAKE MARY FL 32746 8. The above named unity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, in the State of Florida. I am familiar with, and accept the citigations of registered agont, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida. I am familiar with, and accept the citigations of registered agont, or both, in the State of Florida Davis of Flori	Zip	Country	Zip	Country	5.	Certificate of Status Desired			
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### S22 MANDERLEY RUN LAKE MARY FL 32746 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### Signature layers or primed named inappares agent and set if applicable. ### PILE NOW!!! FEE IS \$150.00 ### After May 1, 2003 Fee will be \$550.00 ### Make Check Payable to Florida Department of State ### 10. OFFICERS AND DIRECTORS ### DIANAGE S22 MANDERLEY RUN ### DIANAGE S22 MANDERLEY RUN ### Change S22 MANDERLEY RUN ### Addition ##	THOMPENHOU MENICA				ı				
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			this filing does not qualify		Lin Section	n 119.07(3)(i), Florida Statutes, Lfurth	er certify that t	he information	

12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida statutes. Fitting the time find 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 emplowered 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

-9-03 407-896-1383-1-9-03 407 484-4951