

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90962 012 ***150.00

001177 AT

DOCUMENT # P01000120319

1. Entity Name
M&J PIPELINE, INC.

Principal Place of Business
P.O. BOX 536
DADE CITY FL 33526

Mailing Address
P.O. BOX 536
DADE CITY FL 33526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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4. FEI Number

69-0004509

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, WILLIS C
8250 48TH AVE.
ST.PETERSBURG FL 33709

Name
Johnson, Willis C

Street Address (P.O. Box Number is Not Acceptable)
8150 48th Ave N

City
St. Petersburg

FL Zip Code
33709

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

Willis C Johnson

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

(NOTE: Registered Agent signature required when reinstating)

March 26, 2002

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
P
 NAME
JOHNSON, WILLIS C
 STREET ADDRESS
8150 48TH AVE N.
 CITY-ST-ZIP
ST.PETERSBURG FL 33709

☐ Delete

TITLE
V
 NAME
MILLER, FRANK
 STREET ADDRESS
6343 JUNIPER AVE
 CITY-ST-ZIP
WEBSTER FL 33597

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TITLE
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 NAME
CIANCI, DENISE
 STREET ADDRESS
4261 69TH AVE N.
 CITY-ST-ZIP
PINELLAS PARK FL 33781

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 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Denise Cianci* **Denise Cianci**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 2002 (707) 522-4583

Date

Daytime Phone #

CR2E034 (9/01)