

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90280 005 ***158.75

DOCUMENT # P02000019806

1. Entity Name

M & J MANAGEMENT, INC.



Principal Place of Business

**4140 MAGNOLIA ROAD, E.
ORANGE PARK FL 32065**

Mailing Address

**4140 MAGNOLIA ROAD, E.
ORANGE PARK FL 32065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0608936

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WATSON, TODD ESQ.
7785 BAYMEADOWS WAY
SUITE 107
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name **Michelle Abrisch Laird**
Street Address (P.O. Box Number is Not Acceptable) **4141 Magnolia Road East**
City **Orange Park** FL Zip Code **32065**

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 **Michelle Abrisch Laird**

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

(NOTE: Registered Agent signature required when reinstating)

01/13/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LAIRD, MICHELL A**
STREET ADDRESS **4140 MAGNOLIA ROAD, E.**
CITY-ST-ZIP **ORANGE PARK FL 32065** Address is wrong →

TITLE **D** ☐ Delete
NAME **LAIRD, JOY A** Name is wrong
STREET ADDRESS **4140 MAGNOLIA ROAD, E.**
CITY-ST-ZIP **ORANGE PARK FL 32065** Address is wrong →

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Michelle Abrisch Laird**
STREET ADDRESS **4141 Magnolia Rd E.**
CITY-ST-ZIP **Orange Park FL 32065**

TITLE **D** ☒ Change ☐ Addition
NAME **Joy R. Abrisch**
STREET ADDRESS **4141 Magnolia Rd E.**
CITY-ST-ZIP **Orange Park FL 32065**

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

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

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

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

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: **Michelle Abrisch Laird**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2003

Date

Daytime Phone #

CR2E034 (10/02)