2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
04-03-2003 90181 017 ***150.00

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DOCUMENT # P02000033457

1. Entity Name
MJ CONSULTING OF TAMPA BAY INC.

Principal Place of Business	Mailing Address
3418 JAMAIS WOOD WAY TAMPA FL 33618	3418 JAMAIS WOOD WAY TAMPA FL 33618

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
TAMPA-3418 JAMAIS Wood Way	3418 JAMAIS Wood WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL.	City & State: TAMPA, FL.
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number: 01-0662667 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, MARK 3418 JAMAIS WOOD WAY TAMPA FL 33618	Name: John LAVELLE Street Address (P.O. Box Number is Not Acceptable): 18033 SAILFISH DRIVE City: Lutz FL Zip Code: 33558

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	John LAVELLE 18033 SAILFISH DRIVE LUTZ, FL. 33558	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John LAVELLE 18033 Sailfish DRIVE Lutz, FL. 33558	☐ Change ☑ Addition PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARCUS Williams 3418 JAMAIS Wood WAY TAMPA, FL. 33618	☐ Delete PRESIDENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John LAVELLE 18033 SAILFISH DRIVE LUTZ, FL. 33558	☐ Delete PRESIDENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #