

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90189 009 ***150.00

DOCUMENT # P02000057318



1. Entity Name
M.J.C., INC.

33055401

Principal Place of Business
10263 GANDY BLVD. #2212
ST. PETERSBURG FL 33702

Mailing Address
10263 GANDY BLVD. #2212
ST. PETERSBURG FL 33702



2. Principal Place of Business
201 Front St.
Suite, Apt. #, etc.
#110

3. Mailing Address
201 Front St.
Suite, Apt. #, etc.
#110

CHECK HERE IF MAKING CHANGES

City & State
Key West, FL

City & State
Key West, FL

Zip
33040

Country
USA

Zip
33040

Country
USA

4. FEI Number
04-3676470

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CATES, MICHAEL
10263 GANDY BLVD. #2212
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent
Name
Michelle Cates Deal
Street Address (P.O. Box Number is Not Acceptable)
201 Front St. Suite 110
City
Key West FL Zip Code
33040

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 Cates Deal** 4/17/03
Signature, typed or printed name of registered agent and title, 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Michael J. Cates <input type="checkbox"/> Delete 201 Front St. Ste 110 Pres./Treas Key West, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Michelle Cates Deal <input type="checkbox"/> Delete 201 Front St. Ste 110 Sec Key West, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **OFFICE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 305-
296-7760
Date Daytime Phone #

CR2E034 (10/02)