

# 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.**



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

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

**33055401**



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**  
Zip  
**33040**  
Country  
**USA**

City & State  
**Key West, FL**  
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) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael J. Cates</b> <input type="checkbox"/> Delete <b>201 Front St. Ste 110 Pres./Treas</b> <b>Key West, FL 33040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michelle Cates Deal</b> <input type="checkbox"/> Delete <b>201 Front St. Ste 110 Sec</b> <b>Key West, FL 33040</b>
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 11:	
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:** *Michelle Cates Deal* **DATE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/02)