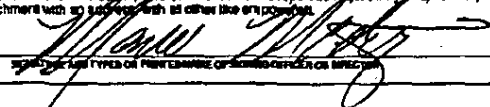


FILED
Jun 12, 2003 8:00 am
Secretary of State

5/1

05-19-2003 90212 033 ***150.00

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

DOCUMENT # P02000095302			
1. Entity Name M.J.L. VENTURES, INC.			
Principal Place of Business 2715 W PRICE AVE TAMPA, FL 33611		Mailing Address 2715 W PRICE AVE TAMPA, FL 33611	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent DENNIS, MARLENE P 2715 W PRICE AVE TAMPA, FL 33611		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
A. 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.		B. Certificate of Status Desired ☐ \$3.75 Additional Fee Required	
SIGNATURE 		C. 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	DATE DENNIS, MARLENE P 2715 W PRICE AVE TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 193.07(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 on it has the same legal effect as if made under oath: If 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 no signature with all other like attachments.			
SIGNATURE: 		Date Create Pages 4	

55047947

Corrected Copy
FEI # 90-0044445

Attachment #
55047947

Memorandum

PO2000095302

MJL Ventures
2715 W. Price
Tampa, Fl. 33611
813-837-6750

To: Division of Corporations
State of Florida

CC:

From: Marlene Dennis

Date: 5/16/2003

Re: Late Filing

This is our First Year to file and we never received our package. I have downloaded the form. Please make sure I sent the correct form.

I respectfully request you accept \$150 fee.

Thank you,

Marlene Dennis

Marlene Dennis.

Thank you, Marlene

11/11/03

11/11/03 11:11 AM

11/11/03 11:11 AM