

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90082 046 ***150.00

DOCUMENT # P02000120696

1. Entity Name

HJ MAJORS ENTERPRISES, INC.



Principal Place of Business

680 W. INDUSTRIAL AVE.

#4

BOYNTON BEACH FL 33426

US

Mailing Address

680 W. INDUSTRIAL AVE.

#4

BOYNTON BEACH FL 33426

US

2. Principal Place of Business

7818 S MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33463

Country

Country

4. FEI Number

54-2086233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

YOHE, MARK D

680 W. INDUSTRIAL AVE.

#4

BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name DAVID R. JONES

Street Address (P.O. Box Number is Not Acceptable)

8694 VISTA GREENS COURT

City LAKE WORTH

FL

Zip Code 33467

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 *David R. Jones*

DAVID R. JONES

01-17-03

Signature, typed or printed name of registered agent and title if 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 VP/S
NAME HERRINGTON, DAVID
STREET ADDRESS 1577 BRESEE ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33415

☐ Delete

TITLE P/T
NAME JONES, DAVID R
STREET ADDRESS 8694 VISTA GREENS COURT
CITY-ST-ZIP LAKE WORTH FL 33467

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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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: *David R. Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. JONES

01-17-03

561-965-0886

Date

Daytime Phone #

CR2E034 (10/02)