


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

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 012 ***150.00

DOCUMENT # P93000004784	
1. Entity Name M & J CORPORATION of Duval County (2005) 6211 ST. AUGUSTINE Rd. JACKSONVILLE FL 32217-2508	

DO NOT WRITE IN THIS SPACE

40001000

2. Principal Place of Business 6211 ST AUGUSTINE Rd. Suite, Apt. #, etc.	3. Mailing Address 6211 ST. AUGUSTINE Rd. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE Florida	City & State JACKSONVILLE FL	4. FEI Number 593309268	Applied For <input type="checkbox"/> Not Applicable
Zip 32217	Country DUAL	Zip 32217	Country DUAL
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BARRY A BOBEK
Street Address (P.O. Box Number is Not Acceptable) 503 E. MARSHALL ST.
City JACKSONVILLE
State FL
Zip Code 32202

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 _____ (NOTE: Registered Agent signature required when certifying) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P-BURKH ISAAC 6211 ST AUGUSTINE Rd. JACKSONVILLE FL 32217	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP-BURKH PENNIE 6211 ST AUGUSTINE Rd JACKSONVILLE FL 32217	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Isaac Burk Isaacs** **ISAAC BURKH** **04-5-05** **904 7388355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)