## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

% MICHAEL D. WARD

TAMPA FL 33604-5902

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1308 WEST SLIGH AVENUE, SUITE A

## DOCUMENT # P93000024199

Country

1. Entity Name

1AMPA FL 33604

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

- MICHAEL D. WARDS STORY AND A

WEST, SLIGH AVENUE, SUITE A 💛

MJ PROPERTY MANAGEMENT, INC.

SIGNATURE  Signature, hybed or somed name of registround agent and life of Appointable  9. This corporation is eligible to satisfy its Intengible Task filling requirement and elects to do so.  Make TMAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WARD, MICHAEL D.  1308 W. SLIGH AVE., SUITE A  TOTAL TAMPA FL  Detete  TITLE  NAME SIRET ADDRESS  CITY-ST-2P  TITLE  Change Add  Add  Add  Add  Add  Add  Add  Add		6. Name and Address of Current Reg	istered Agent		7. Name and Address of New Registered Agent			
1308 WEST SLIGH AVENUE SUITE A TAMPA FL 33604  City FL Zip Code  C				Name	·			
TAMPA FL 38804  City FL Zip Code  6. The above named entity submists his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SICNATURE  Signature, speed or create name of registered agent	1308 WEST SLIGH AVENUE			Street Address (P.O. Box Number is Not Acceptable)				
B. 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.  SIGNATURE  Signature, hower or brief superal agent and the if applicable  Post in its corporation is digible to satisfy its Intangible Task filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550,00  Make Check Payable to Department of State  TILE  PO Make Check Payable to Department of State  WARD, MICHAEL D.  SIRRET ADDRESS  CITY-ST-2P  TILE  Devide  TILE  MAKE  SIRRET ADDRESS  CITY-ST-2P  TILE  Devide  TILE								
SIGNATURE   Signature hand of printed runns of registrated eports are site of tapplicable   (NOTE Progressed Agent signature resourced when reincitating)   DATE	IAME	PA FL 33604		City		FL Zip	Code	
Tas filing requirement and elects to do so.    Make Check Payable to Department of State   Make Check Payable	SIGNATURE		_					
TITLE WARD, MICHAEL D. STREET ADDRESS CITY-ST-ZIP TITLE MAME SIRRET AD	Tax filing r	equirement and elects to do so.	After MAY 1, 2000 Fee	will be \$550.00	Trust Fund Contribution.	A		
WARD, MICHAEL D. 1308 W. SLIGH AVE., SUITE A STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZI	11.		ECTORS 12	·	ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 11	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		NAI STF	ME REET ADDRESS		☐ Cha	ange	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. 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 informatic 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 direct 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 11 or Block 1  SIGNATURE:  NAME STREET ADDRESS CITY-ST-ZIP  Change Add NAME STREET ADDRESS CITY-ST-ZIP  13. 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 direct 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 11 or Block 1  Pess  SIGNATURE:	name Street address		NAI STE	ME REET ADDRESS		☐ Cha	ange Addition	
NAME STREET ADDRESS CITY-ST-ZIP  13. 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 informatic 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 direct 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 11 or Block 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:    Additional Company   Additional Com	name Street address	Later Committee	NAI STI	ME REET ADDRESS		☐ Cha	ange Addition	
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 if an an officer of direct 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 11 or Block 1 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	NAME STREET ADDRESS		NAI STE	me Reet address		☐ Cha	ange Addition	

Country

## FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90058 015 \*\*\*150.00

AUU4U186



DO NOT WRITE IN THIS SPACE

59-3179874

4. FEI Number

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Fee Required

Not Applicable