

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90053 028 ***150.00

0029206
 AV

DOCUMENT # P95000036849

1. Entity Name

M.J. INVESTMENTS OF JACKSONVILLE, INC.

Principal Place of Business

**14030 MANDARIN OAKS LANE
 JACKSONVILLE FL 32223**

Mailing Address

**14030 MANDARIN OAKS LANE
 JACKSONVILLE FL 32223**

2. Principal Place of Business

110 South Serenata Drive

Suite, Apt. #, etc.

431

3. Mailing Address

110 South Serenata Drive

Suite, Apt. #, etc.

431

City & State

Ponte Vedra Beach, Florida

City & State

Ponte Vedra Beach, Florida

Zip

32082

Country

USA

Zip

32082

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3313463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

JOHNIGEAN, MICHAEL J

14030 MANDARIN OAKS LANE

JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Johnigean, Michael J

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

110 South Serenata Drive

City

Ponte Vedra Beach

FL

Zip Code

32082

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.

SIGNATURE

Michael J Johnigean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

Michael Johnigean

1-20-2002

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **JOHNIGEAN, MICHAEL J**
 STREET ADDRESS **14030 MANDARIN OAKS LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **ST** ☐ Delete
 NAME **JOHNIGEAN, CHERYL L**
 STREET ADDRESS **14030 MANDARIN OAKS LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J Johnigean, MICHAEL J. Johnigean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2002

Date

904-705-8900

Daytime Phone #

CR2E034 (9/01)