

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90120 015 ***150.00

DOCUMENT # P95000036849

1. Entity Name
M.J. INVESTMENTS OF JACKSONVILLE, INC.



Principal Place of Business
**110 SOUTH SERENATA DRIVE
SUITE #431
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**110 SOUTH SERENATA DRIVE
SUITE #431
PONTE VEDRA BEACH FL 32082
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3313463**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JOHNIGEAN, MICHAEL J
110 SOUTH SERENATA DRIVE
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Michael J. Johnigan* **MICHAEL J. Johnigan** **1-13-03**
Signature, typed or printed name of registered agent and type 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	P	<input type="checkbox"/> Delete
NAME	JOHNIGEAN, MICHAEL J	
STREET ADDRESS	14030 MANDARIN OAKS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNIGEAN, CHERYL L	
STREET ADDRESS	14030 MANDARIN OAKS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Johnigan, MICHAEL J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 South Serenata Drive # 431	
STREET ADDRESS	Ponte Vedra, Beach FL 32082	
CITY-ST-ZIP		
TITLE	Johnigan, Cheryl L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 South Serenata Drive # 431	
STREET ADDRESS	Ponte Vedra, Beach FL 32082	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Michael J. Johnigan* **MICHAEL J. Johnigan** **1-13-03** **904-705-8900**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)