## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P95000096723 MJO CONSULTING, INC. 03-26-2001 90049 013 \*\*\*150.00 Principal Place of Business Mailing Address 1003 WEST SEVENTH ST. 565 SANCTUARY DRIVE SUITE 603A 404 FEDERICK MD 21701-8532 818038 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address 3060 Grand Bay Blvd. 615 West Patrick Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Apt. 181 Applied For 4. FEI Number City & State City & State 65-0639649 Not Applicable Longboat Key, Florida Frederick, Maryland \$8.75 Additional Country Zip -----5. Certificate of Status Desired 21701 Fee Required USA 34228-4015 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OHLHAUSEN, MARTIN J Street Address (P.O. Box Number is Not Acceptable) 3060 Grand Bay Blvd. 565 SANCTUARY DRIVE SUITE 603A Apt. 181 LONGBOAT KEY FL 34228 City Longboat Key Zio Code 34228–4015 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. 2001 President SIGNATURE oane of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSTD** Change ☐ Addition TITLE ☐ Delete TITLE OHLHAUSEN, MARTIN J NAME NAME 565 SANCTUARY DR., SUITE 603A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

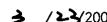
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNABRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President



941-383-5312

Date

Daytime Phone #