

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90007 028 ***150.00

DOCUMENT # P96000001733

1. Entity Name
M J D L B, INC.

Principal Place of Business
1831 NO. NOVA ROAD
HOLLY HILL FL

Mailing Address
1831 NO. NOVA ROAD
HOLLY HILL FL

2. Principal Place of Business

3. Mailing Address
532 Pelican Bay Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Daytona Beach FL

4. FEI Number **59-3376680**

Applied For

Not Applicable

Zip

Country

Zip
32119

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, DAVID L
1831 NO. NOVA ROAD
HOLLY HILL FL

Name

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

532 Pelican Bay Dr.

City
Daytona Bch

FL

Zip Code
32119

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BLACK, DAVID L**
STREET ADDRESS **1831 NO. NOVA ROAD**
CITY-ST-ZIP **HOLLY HILL FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **532 PELICAN BAY DRIVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE **D** ☐ Delete
NAME **BLACK, MARTHA J**
STREET ADDRESS **1831 NO. NOVA ROAD**
CITY-ST-ZIP **HOLLY HILL FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **532 PELICAN BAY DRIVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

386 767 1267

Daytime Phone #

CR2E034 (9/01)