

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008783

1. Entity Name

SEMAJ ENTERPRISES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90004 041 ***150.00

A0055401



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1311 TURNBULL ST
NEW SMYRNA BEACH FL 32168
US

1300 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168-6008
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Orange, FL

Zip

Country

Zip

Country

32129-0969

US

4. FEI Number 59-3357284

Applied For

Not Applicable

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

OSSINSKY, MARK
250 N WYMORE RD
WINTER PARK FL 32168

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.

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, 2000 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 DP
NAME PEACOCK, MICHELE L
STREET ADDRESS 1525 CASEY LANE
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4525 S. ATLANTIC AV #1301
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE D
NAME PEACOCK, JAMES R JR
STREET ADDRESS 138 CORAL CIRCLE
CITY-ST-ZIP SOUTH DAYTONA FL 32119 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3757 S ATLANTIC
CITY-ST-ZIP DAYTONA Beach Shores FL 32115

TITLE D
NAME PEACOCK, MYRTICE
STREET ADDRESS 4895 S ATLANTIC AVE
CITY-ST-ZIP PONCE INLET FL 32127 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4525 S. ATLANTIC AV #1301
CITY-ST-ZIP PONCE INLET, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

4/29/00

Date

7616928

Daytime Phone #