2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P0600000222



FILED May 02, 2003 8:00 am § Secretary of State

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1. Entity Name SEMAJ ENTERPRISES, INC.							05-02-2003 9	90717 0	30 ***150	.00		
Principal Place of Business 1311 TURNBULL ST NEW SMYRNA BEACH FL 32168 US			P.O. 1	Mailing Address P.O. BOX 290969 PORT ORANGE FL 32129-0969				1 (88)(186 (48 (81)) Britis Britis Britis	el as in o r a	+ 30 181 28411 28 1 0	1 (PIPS 1811 18 8 1	
2. Principal F	Place of Busin	ess		iling Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u></u>	4					
				<u>-</u>			1	☐ CHECK HERE IF MAKING CHANGES				
City & State				ity & State			4. 1	4. FEI Number 59-3357284 Applied For Not Applicable				
Zip -		Country	Zip		Count	ry 	_ 5 _ 0	Certificate of Status Desired		\$8.75 Ac Fee Requir		
	6. Name	and Address of Curren	t Registere	ed Agent			7. N	lame and Address of New R	legistered	Agent		
						Name		•			1	
OSSINSKY						Street Address	(P.O. B	ox Number is Not Acceptable	9)			
250 N WY		100										
WINTERP	ARK FL 321	100				City				Zip Coo	do	
			<u>.</u> .						F	-]		
	named entity tions of registe		for the purp	oose of changing its	registere	d office or registe	ered age	ent, or both, in the State of Flo	orida. Lan	n familiar with	, and accept	
SIGNATURE.	Signature, typed o	or printed name of registered ager	nt and title if app	plicable. (NOT	E: Registered	Agent signature require	ed when re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									1			
After	r May 1, 200	3 Fee will be \$550.00 Florida Department	of State					Election Campaign Fin Trust Fund Contributio	_		00 May Be ad to Fees	
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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: