

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019687

1. Entity Name

MBJ AND SON, INC.

Principal Place of Business

Mailing Address

ROUTE 1 BOX 658 WOODLAWN ROAD
MACCLENNY FL 32063

ROUTE 1 BOX 658 WOODLAWN ROAD
MACCLENNY FL 32063-9672

2. Principal Place of Business

SA Ridge Estates

3. Mailing Address

SA Ridge Estates

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen St Mary FL

City & State

Glen St. Mary FL

Zip

32040

Country

Zip

32040

Country

4. FEI Number

59-3445044

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

BRANCH, MICHAEL

ROUTE 1 BOX 658 WOODLAWN ROAD
MACCLENNY FL 32063

Name

Michael J Branch

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

SA Ridge Estates

City

Glen St Mary

FL

Zip Code

32040

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

Michael J Branch

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

(NOTE: Registered Agent signature required when reinstating)

3/10/00

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	PVST	<input type="checkbox"/> Delete
NAME	BRANCH, MICHAEL	
STREET ADDRESS	ROUTE 1 BOX 658 WOODLAWN ROAD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCH, MICHAEL	
STREET ADDRESS	ROUTE 1 BOX 658 WOODLAWN ROAD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Branch	
STREET ADDRESS	SA Ridge Estates	
CITY-ST-ZIP	Glen St Mary FL 32040	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Branch	
STREET ADDRESS	SA Ridge Estates	
CITY-ST-ZIP	Glen St Mary FL 32040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Michael J Branch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/00

Daytime Phone #

904 636 0451



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)