

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019687

1. Entity Name
MJB AND SON, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90496 021 ***150.00

Principal Place of Business
5-A RIDGE ESTATES
GLEN SAINT MARY FL 32040

Mailing Address
5-A RIDGE ESTATES
GLEN SAINT MARY FL 32040

00033380

2. Principal Place of Business
7838 West Ridge Estates Dr
Suite, Apt. #, etc.

3. Mailing Address
7838 West Ridge Estates Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Glen St Marys FL
Zip
32040
Country

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Glen St Marys FL
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
5-A RIDGE ESTATES
GLEN SAINT MARY FL 32040

Name
Street Address (P.O. Box Number is Not Acceptable)
7838 West Ridge Estates Dr
City
Glen Saint 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)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BRANCH, MICHAEL 5-A RIDGE ESTATES GLEN SAINT MARY FL 32040	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7838 WEST RIDGE ESTATES DR GLEN ST MARY FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7838 WEST RIDGE ESTATES DR GLEN ST MARY FL 32040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael J Branch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)