

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90155 047 \*\*\*150.00

**DOCUMENT # P97000038544**

1. Entity Name  
**M.J.O. HOLDING CORP.**



Principal Place of Business  
**4501 N.W. 8TH AVENUE  
FT LAUDERDALE FL 33309**

Mailing Address  
**22509 MARBELLA CIR  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

**12766 SPIKERUSH CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BOCA RATON FL**

Zip

Country

Zip

Country

**33428**

**PALE BEACH**

4. FEI Number

**NOT APPLICABLE**

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

**O'NEAL, MICHAEL J  
22809 MARBELLA CIRCLE  
BOCA RATON FL 33433**

Name

**MICHAEL O'NEAL**

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

**12766 SPIKERUSH CIRCLE**

City

**BOCA RATON**

**FL**

Zip Code

**33428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-28-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P O'NEAL, MICHAEL J  
22809 MARBELLA CIR  
BOCA RATON FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LULIE O'NEAL  
12766 SPIKERUSH CIRCLE  
BOCA RATON FL 33428**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC MICHAEL J O'NEAL  
12766 SPIKERUSH CIRCLE  
BOCA RATON FL 33428**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

CR2E034 (10/02)

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:

**MICHAEL J O'NEAL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-03**  
Date

**561-3050439**  
Daytime Phone #