2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

\mathtt{FILED} DOCUMENT # **P97000040443** May 11, 2000 8:00 am Secretary of State M & J STORES.INC. 05-11-2000 90317 005 ***150.00 Principal Place of Business Mailing Address 730 WINTERBROOKE WAY 3830 STATE ROAD 674 SUN CITY CENTER FL 33573-6963 SUITE 106 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address 1 667 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEi Number 59-3456866 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BANK, MARTIN ~730-WINTERBROOKE WAY SUN-CITY CENTER-FI-33573-8. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PΠ TITLE ☐ Addition TITLE Delete MARTIN BANK BANK, MARTIN J NAME NAME BOI COTTAGE MILL WY STREET ADDRESS STREET ADDRESS **3830 STATE ROAD 674** BARNOON, FL 39511 CITY-ST-ZIP CITY-ST-7IP RUSKIN FL 33570 Change SANET M. BANK 861 COTTAGE HILL WY ☐ Addition SVTD ☐ Delete TITLE BANK, JANET M NAME STREET ADDRESS STREET ADDRESS 3830 STATE ROAD 674 BRANDON, FL 33511 CITY-ST-ZIP RUSKIN FL 33570 CITY-ST-7IP Change Addition TITLE ☐ Delete NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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