## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P97000040443** 1. Entity Name M & J STORES, INC. 04-24-2001 90016 001 \*\*\*150.00 Principal Place of Business Mailing Address 3830 STATE ROAD 674 801 COTTAGE HILL WAY BRANDON FL 33511 SUITE 106 643750 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3456866 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANK, MARTIN Street Address (P.O. Box Number is Not Acceptable) **801 COTTAGE HILL WAY** BRANDON FL 33511 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Ø Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE Change TITI F BANK, MARTIN J NAME NAME STREET ADDRESS STREET ADDRESS 801 COTTAGE HILL WAY CITY-ST-ZIP CITY-ST-7IP **BRANDON FL 33511** ☐ Change ☐ Addition TITLE Delete TITLE BANK, JANET M NAME STREET ADDRESS STREET ADDRESS 801 COTTAGE HILL WAY CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Change ☐ Addition TITLE Delete\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition