

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90137 032 ***550.00

0122565 AT

DOCUMENT # P97000083552

1. Entity Name
JMJ ENTERPRISES OF TALLAHASSEE INC.



Principal Place of Business
**1521 WOODGATE WAY
TALLAHASSEE FL 32312**

Mailing Address
**10800 KILCREASE WAY
TALLAHASSEE FL 32305**

2. Principal Place of Business
10800 KILCREASE WAY
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

City & State

4. FEI Number **59-3470077**

Applied For
Not Applicable

Zip **32305** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAIGE, JAMES E JR.
1521 WOODGATE WAY
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **MAIGE, JAMES E SR.**
Street Address (P.O. Box Number is Not Acceptable)
8350 TRAN ROAD
City **TALLAHASSEE FL** Zip Code **32311**

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 James E. Maige Jr.
Signature, typed or printed name of registered agent and title (if applicable).

James E Maige Sr. 7/21/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAIGE, JAMES E JR 1521 WOODGATE WAY TALLAHASSEE FL 32312 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GERRELL, MICHAEL W 10800 KILCREASE WAY TALLAHASSEE FL 32305 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GERRELL, MICHAEL W 10800 KILCREASE WAY TALLAHASSEE FL 32305 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Gerrell **SIGNATURE REQUIRED MICHAEL GERRELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/03
Date

Daytime Phone #

CR2E034 (4/03)