

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90191 048 ***150.00

DOCUMENT # P97000089218

1. Entity Name
OCMJ, INCORPORATED



Principal Place of Business
**1401 W DR. M.L. KING BLVD
PLANT CITY FL 33566
US**

Mailing Address
**1401 W DR. M.L. KING BLVD
PLANT CITY FL 33566
US**

70045953



2. Principal Place of Business

1407 W. Dr. M.L. King, Jr. Blvd.

3. Mailing Address

← same

Suite, Apt. #, etc.

Box 11

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Zip

33563

Country

USA

Zip

Country

4. FEI Number

59-3475242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, TAMMY G
2008 W. HUNTER ROAD
PLANT CITY FL 33565**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

SIGNATURE

Tammy G. Johnson, Secretary/Director

4/17/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PD** ☐ Delete
NAME **JOHNSON, FRED**
STREET ADDRESS **2008 W. HUNTER RD.**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **SD** ☐ Delete
NAME **JOHNSON, TAMMY**
STREET ADDRESS **2008 W. HUNTER RD.**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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:

Tammy G. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03
Date

(813) 752-7763
Daytime Phone #

CR2E034 (10/02)