2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

OCMJ, INCORPORATED

Principal Place of Business 1401 W DR. M.L. KING BLVD Mailing Address 1401 W DR. M.L. KING BLVD

P97000089218 1. Entity Name

04-23-2003 90191 048 ***150.00

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#, etc.	∍tc. U' Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
are City & State			4. FEI1	Number 59-3475242			plied For t Applicable
Country	Zip	Country	5. Certi	ficate of Status Desired			
6. Name and Address of Curren	t Registered Agent		7. Nam	e and Address of New R	egistered Age	nt	
		Name	 ·				
I, TAMMY G		Chara A Adu	de (DO De)				
2008 W. HUNTER ROAD			Street Address (P.O. Box Number is Not Acceptable)				
1112 00000							
		City			FL	Zip Code	•
named entity submits this statement f	for the purpose of changing its	registered office or re	egistered agent.	or both, in the State of Flo	orida. Lam fami	liar with, a	and accept
ions of registered agent.	Δ .	A~	^				
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Signature, typed or printed dame of registered agen	nt and title if applicable. (NOT)	: Registered Agent signature	required when reinstat	ing)	DATE		 {
							
				9. Election Campaign Fin	ancing	\$5.00	О мау Ве
				Trust Fund Contribution	n.		to Fees
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	Country Cou	Jace of Business J. Dr. M.L. Ling Jr. Blv. — Same #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Grand Address of Current Registered Agent I, TAMMY G HUNTER ROAD TY FL 33565 named entity submits this statement for the purpose of changing its ons of registered agent. Signature, typed or printed fame of digistered agent and title if applicable. (NOTE LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	Jace of Business J. Dr. M.L. Ling Jr. Blv. — Same #, etc. Suite, Apt. #, etc. City & State Country Country Country Country Country Tip Country Name Note Add Street Add City Name Name Name Name Name Name Note Add Name N	US Jace of Business Dr. M.L. Sirg Jr. Blv. + Same #, etc. Suite, Apt. #, etc. City & State Country Zip Country Jac. + Same Country Zip Country Towns and Address of Current Registered Agent Name I, TAMMY G Street Address (P.O. Box No. 1) Street Address (P.O. Box No. 1) City named entity submits this statement for the purpose of changing its registered office or registered agent, ons of registered agent. Signature, typed or printip fame of idigstered agent and title if applicable. (NOTE: Plantered Agent signature required when reinstated the purpose of	Idea of Business A. Dr. M.L. Sure Jr. Blue Same #, etc. Suite, Apt. #, etc. Check Here City & State Country Country Country Country Country Typ Country S. Certificate of Status Desired Amme I, TAMMY G Street Address (P.O. Box Number is Not Acceptable TY FL 33565 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of registered agent. City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of registered agent. City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of registered agent. City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of registered agent. City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of registered agent. City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of Registered agent. City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floors of Registered Agent signature required when reinstating) LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	Signature, typed or printing fame of lightered agent and talle it applicable. Same Signature, typed or printing fame of lightered agent and talle it applicable. (NOTE: Flydeland Agent signature required when reinstating) Signature, typed or printing frame of	Jace of Business Jack Ja

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR