

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0037856

DOCUMENT # P98000015897

04-16-2001 90250 041 ***150.00

1. Entity Name

MRJ ENTERPRISES OF NORTHWEST FLA, INC.

Principal Place of Business

Mailing Address

**3729 ANDREW JACKSON DRIVE
 PACE FL 32571**

**3729 ANDREW JACKSON DRIVE
 PACE FL 32571**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3498774**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABENDAN, C. CELLIE
 3729 ANDREW JACKSON DRIVE
 PACE FL 32571**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ABENDAN, C. CELLIE	
STREET ADDRESS	3729 ANDREW JACKSON DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ABENDAN, JENNIFER	
STREET ADDRESS	3729 ANDREW JACKSON DRIVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABENDAN, RICHARD	
STREET ADDRESS	4512 BRIDGEWATER DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WATSON, MARIANNE	
STREET ADDRESS	90 DILEY RD	
CITY-ST-ZIP	CANAL WINCHESTER OH 43110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cellie Abendan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01
 Date

850-994-0904
 Daytime Phone #

CR2E034 (10/00)