

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91428 012 ***150.00

006096 AV

DOCUMENT # P98000015897
 1. Entity Name
MRJ ENTERPRISES OF NORTHWEST FLA, INC.

| | |
|---|---|
| Principal Place of Business 3729 ANDREW JACKSON DRIVE PACE FL 32571 | Mailing Address 3729 ANDREW JACKSON DRIVE PACE FL 32571 |
|---|---|



| | |
|---|-----------------------------------|
| 2. Principal Place of Business <i>Same</i> | 3. Mailing Address <i>Same</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|--------------|---|---------------------------------------|
| City & State | City & State | 4. FEI Number 59-3498774 | Applied For |
| Zip | Country | Zip | Country |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | |
|---|--|-------------|
| 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 _____ (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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|--|----------------------------|
| TITLE D | ABENDAN, C. CELLIE <input type="checkbox"/> Delete | TITLE CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | Cellie Abendan |
| NAME | 3729 ANDREW JACKSON DRIVE | NAME | same address - |
| STREET ADDRESS | PACE FL 32571 | STREET ADDRESS | manager |
| CITY-ST-ZIP | | CITY-ST-ZIP | Arnel Y. Dela Torre |
| TITLE VP <input type="checkbox"/> Delete | ABENDAN, JENNIFER <input type="checkbox"/> Delete | TITLE | P.O. Box 2215 |
| NAME | 3729 ANDREW JACKSON DRIVE | NAME | Pace, FL. 32571 |
| STREET ADDRESS | PACE FL 32571 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE P <input type="checkbox"/> Delete | ABENDAN, RICHARD <input type="checkbox"/> Delete | TITLE | |
| NAME | 4512 BRIDGEWATER DR | NAME | |
| STREET ADDRESS | PACE FL 32571 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE ST <input type="checkbox"/> Delete | WATSON, MARIANNE <input type="checkbox"/> Delete | TITLE | |
| NAME | 90 DILEY RD | NAME | |
| STREET ADDRESS | CANAL WINCHESTER OH 43110 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *SIGNATURE REQUIRED* Date: 2/18/02 850 Daytime Phone #: 994-0431

CR2E034 (9/01)