

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
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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 <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ABENDAN, C. CELLIE	<input type="checkbox"/> Delete	
STREET ADDRESS 3729 ANDREW JACKSON DRIVE	CITY-ST-ZIP PACE FL 32571		
TITLE VP	NAME ABENDAN, JENNIFER	<input type="checkbox"/> Delete	
STREET ADDRESS 3729 ANDREW JACKSON DRIVE	CITY-ST-ZIP PACE FL 32571		
TITLE P	NAME ABENDAN, RICHARD	<input type="checkbox"/> Delete	
STREET ADDRESS 4512 BRIDGEWATER DR	CITY-ST-ZIP PACE FL 32571		
TITLE ST	NAME WATSON, MARIANNE	<input type="checkbox"/> Delete	
STREET ADDRESS 90 DILEY RD	CITY-ST-ZIP CANAL WINCHESTER OH 43110		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	
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: *C. ABENDAN* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 2/18/02 Daytime Phone #: 850 994-0431

CR2E034 (9/01)