

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90010 016 ***158.75

US507 / 888

DOCUMENT # P98000050414

1. Entity Name

~~RMU, INC.~~

MJU, INC.

N/c 2/28/01 (TM)

Principal Place of Business

Mailing Address

2569 COUNTRYSIDE BLVD
 SUITE 2
 CLEARWATER FL 33761
 US

2569 COUNTRYSIDE BLVD
 SUITE 2
 CLEARWATER FL 33761
 US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 15054

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

4. FEI Number **59-3516555**

Applied For
 Not Applicable

Zip

Country

33766

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOLLEY, RUSSELL
323 LOS PRADOS DR.
SAFETY HARBOR FL 34695

Name

MARC J. UNGS

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

101 S. OLD COACHMAN RD #108

City

CLEARWATER

FL

Zip Code

33765

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]

PRESIDENT

3/15/01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PD	WOOLLEY, RUSSELL	323 LOS PRADOS DR.	<input checked="" type="checkbox"/>
		SAFETY HARBOR FL 34695		
	TSD	UNGS, MARC	P.O. BOX 15054	<input checked="" type="checkbox"/>
		CLEARWATER FL 33766		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P.D.T.S	MARC J. UNGS	101 S. OLD COACHMAN RD #108	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		CLEARWATER, FL 33765			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]

3/15/01

(727) 723-7299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE