FILED 2003 FOR PROFIT CORPORATION Apr 04, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR) P98000067729 **DOCUMENT #** 1. Entity Name 04-04-2003 90061 049 ***150.00 MJR BUILDERS, INC. Principal Place of Business Mailing Address 30 MARINERS LANE 30 MARINERS LANE MARY ESTHER FL 32569 MARY ESTHER FL 32569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3527131 Not Applicable Country Zip Zip \$8.75 Additional Country Certificate of Status Desired Fee Required ---7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARD, MARY JANE Street Address (P.O. Box Number is Not Acceptable) 30 MARINERS LANE MARY ESTHER FL 32569 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Change TITLE ☐ Delete RICHARD, MARY JANE NAME NAME STREET ADDRESS 30 MARINERS LANE STREET ADDRESS MARY ESTER FL 32569 CITY-ST-ZIP City-St-7iP ☐ Change ☐ Addition ☐ Delete TITLE TITLE RICHARD, LOUIS H NAME NAME STREET ADDRESS STREET ADDRESS 30 MARINERS LANE CITY-ST-ZIP CITY-ST-ZIP MARY ESTER FL 32569 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

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