

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90722 008 \*\*\*150.00

**DOCUMENT # P98000095614**



1. Entity Name  
**MJC CONSULTANTS INC.**

Principal Place of Business  
**830-13 A1A SOUTH, #161  
PONTE VEDRA BEACH FL 32082**

Mailing Address  
**830-13 A1A SOUTH, #161  
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business  
**101 OVERLOOK DRIVE**

3. Mailing Address  
**101 OVERLOOK DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PONTE VEDRA, FL**

City & State  
**PONTE VEDRA, FL**

4. FEI Number **59-3542197**

Applied For  
 Not Applicable

Zip  
**32082**

Country  
**US**

Zip  
**32082**

Country  
**US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SMITH, PARKER B  
13000 SAWGRASS VILLAGE CIRCLE  
SUITE 34  
PONTE VEDRA BEACH FL 32082**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CELLUCCI, MARY JANE A</b>	
STREET ADDRESS	<b>101 OVERLOOK DR</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CELLUCCI, JOHN A</b>	
STREET ADDRESS	<b>101 OVERLOOK DR</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED (JOHN A CELLUCCI) 4-4-03 (904-285-8963)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)