## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P98000107959 1. Entity Name M & J TEXTURES, INC. 01-24-2000 90035 004 \*\*\*150.00 Principal Place of Business Mailing Address 5537 QUIST DRIVE 5537 QUIST DRIVE PORT RICHEY FL 34668 PORT RICHEY FL 34653-2315 2. Principal Place of Business 3. Mailing Address 8417 ANAY 8417 AWAY COURT COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State <del>59-3515594</del>— NEW PORT 59-35592 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required US. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEHM, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 5537 QUIST DRIVE ANAY COURT PORT RICHEY FL 34668 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS TITLE ☐ Addition Delete TITLE SEHM. MICHAEL NAME NAME 8417 ANAY COURT 5537 QUIST DRIVE STREET ADDRESS STREET ADDRESS 34653 PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIE VTD Change ☐ Delete ☐ Addition TITLE TITLE SEHM, JEFFREY NAME 8417 ANAY COURT NAME 5537 QUIST DRIVE STREET ADDRESS STREET ADDRESS 3465 NEW PORT RICHEY PL CITY-ST-7IP PORT RICHEY FL 34668 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Defete

1/18/2000

127-815-0647

☐ Change

Change

☐ Addition

☐ Addition

Daytime Phone #