

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 05, 2000 8:00 am
Secretary of State
 05-31-2000 90070 045 ***150.00

DOCUMENT # **009000011681**
 1. Entity Name **MJRD, Inc.**

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business **630 E. Atlantic Ave.**
 Suite, Apt. #, etc. _____
 3. Mailing Address **630 E. Atlantic Ave.**
 Suite, Apt. #, etc. _____

City & State **Delray Beach FL** City & State **Delray Beach FL**
 Zip **33483** Country **USA** Zip **33483** Country **USA**

4. FEI Number **65-0893868** Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jane R. DeBoe
630 E. Atlantic Ave
Delray Beach FL 33483

7. Name and Address of New Registered Agent
 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 **Jane R. DeBoe** (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, 2000 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

TITLE	president	<input type="checkbox"/> Delete
NAME	Jane R. DeBoe	
STREET ADDRESS	820 Forsyth St	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	secretary	<input type="checkbox"/> Delete
NAME	Thomas S DeBoe	
STREET ADDRESS	820 Forsyth St	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Delete
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____	
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: **Jane R. DeBoe** **Jane R. DeBoe** **561. 274.3048**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **5/17/00** Daytime Phone #

CR2E034 (9/99)