# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P99000022631

**Entity Name:** MICHAEL JAY ENTERPRISES, INC.

**Current Principal Place of Business:**

7127 PELICAN ISLAND DRIVE
TAMPA, FL 33634

**New Principal Place of Business:**

2170 NURSERY RD.
CLEARWATER, FL 33764

**Current Mailing Address:**

7127 PELICAN ISLAND DRIVE
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number: 59-3563375** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANASTASIA, STEVEN J
3619 W. MORRISON AVENUE
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

ANASTASIA, STEVEN J
7127 PELICAN ISLAND DR.
TAMPA, FL 33634 US

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: _____ 04/30/2002
Electronic Signature of Registered Agent — Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete
Name: ANASTASIA, STEVEN J
Address: 3619 W. MORRISON AVENUE
City-St-Zip: TAMPA, FL 33629

Title: VPD ( ) Delete
Name: VELKY, SCOTT M
Address: 1568 LOTUS PATH
City-St-Zip: CLEARWATER, FL 34616

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition
Name: ANASTASIA, STEVEN J
Address: 7127 PELICAN ISLAND DR.
City-St-Zip: TAMPA, FL 33634 US

Title: VPD (X) Change ( ) Addition
Name: VELKY, SCOTT M
Address: 1450 BYRAM DR.
City-St-Zip: CLEARWATER, FL 33755 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J. ANASTASIA PTSD 04/30/2002
Electronic Signature of Signing Officer or Director — Date