2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031796

1. Entity Name

MMJ BUSINESS ENTERPRISES, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90052 019 ***150.00

Principal Place of Business	Mailing Address
625 FOUNTAIN BLVD. SATELLITE BEACH FL 32937	PO BOX 372023 SATELLITE BEACH FL 32937-2023

941032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-3571637	Applied For / Not Applicable
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
HIBBARD, JOSEPH F 625 FOUNTAIN BLVD. SATELLITE BEACH FL 32937	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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, 2001 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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **D** NAME **HIBBARD, JOSEPH F** STREET ADDRESS **625 FOUNTAIN BLVD.** CITY-ST-ZIP **SATELLITE BEACH FL 32937**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **HIBBARD, MARY FRANCES** STREET ADDRESS **625 FOUNTAIN BLVD.** CITY-ST-ZIP **SATELLITE BEACH FL 32937**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: _Joseph F. Hibbard_   4/7/01   321 779-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #