

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90054 013 ***150.00

UNIFORM BUSINESS REPORT (UBR)

NT # P99000038287

MJST Enterprises, Inc.

770589

1. Principal Place of Business 2883 N.E. IVY LANE JENSEN BEACH FL 34957	Mailing Address 2883 N.E. IVY LANE JENSEN BEACH FL 34957-6806 15770 101 ST REFERENCE NORTH JUPITER, FL 33478
2. Principal Place of Business Palm City FL	3. Mailing Address 15770 101 ST REFERENCE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm City	City & State Jupiter FL	4. FEI Number 65-0920408	Applied For Not Applicable
Zip 34990	Country USA	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALICKI, JOSEPH 2883 N.E. IVY LANE JENSEN BEACH FL 34957 15770 101 ST REFERENCE NORTH JUPITER FL 33478	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Daytime Phone # _____

CR2E034 (9/99)