

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90083 044 \*\*\*150.00

DOCUMENT # P99000038287

1. Entity Name

MJST Enterprises, Inc.



**DO NOT WRITE IN THIS SPACE**

**90017705**

2. Principal Place of Business

3150 SW Martin Downs Blvd.

3. Mailing Address

9637 Craigs Mill Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Palm City, Florida

City & State  
Glen Allen, Virginia

4. FEI Number  
65-0920408

Applied For  
Not Applicable

Zip  
34990

Country  
Martin

Zip  
23060

Country  
Heneco

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Elliot Schubeck

Street Address (P.O. Box Number is Not Acceptable)

3150 SW Martin Downs Blvd.

City  
Palm City

FL

Zip Code  
34990

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P/T/D	Larry Anderson	9637 Craigs Mill Drive Glen Allen, VA 23060				
	C/T/D	John H. Stembler	977 Carter Dr. NE Atlanta, GA 30319				

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 #

LARRY F ANDERSON 1-31-03 804-502-1496

CR2E034B (12/02)