

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 91008 006 ***150.00

DOCUMENT # P99000047343

1. Entity Name

MJP REALTY, INC.

Principal Place of Business

Mailing Address

9852 Creet Circle, Suite A
Navarre, Florida 32566

00038596

2. Principal Place of Business

9852 Creet Circle

3. Mailing Address

9852 Creet Circle

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Navarre, FL

City & State

Navarre, FL

4. FEI Number

59-3582194

Applied For

Not Applicable

Zip

32566

Country

USA

Zip

32566

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Margarette J. Packer
9852 Creet Circle, Suite A
Navarre, FL 32566

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

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

PST

☐ Delete

Packer, M.J.

9852 Creet Circle, Suite A
Navarre, FL 32566

☐ Delete

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Navarre, FL 32566

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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NAME

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.J. Packer, President

3-18-01

Date

850-592-9694

Daytime Phone #

CR2E034 (11/00)