

FILED
May 05, 2003 8:00 am
Secretary of State

04-14-2003 90736 016 ***150.00

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

DOCUMENT # P99000047343	
1. Entity Name M J P REALTY, INC.	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business Suite, Apt. #, etc. 9852 CREET CIRCLE, SUITE A	3. Mailing Address Suite, Apt. #, etc. 9852 CREET CIRCLE, SUITE A
City & State NAVARRE FL	City & State NAVARRE FL
Zip 32566	Country
4. FEI Number 59-3582194	
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE	
7. Name and Address of Current Registered Agent Name M. J. PACKER Street Address (P.O. Box Number is Not Acceptable) 9852 CREET CIRCLE, SUITE A City NAVARRE FL Zip Code 32566	
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 <i>M. J. Packer</i> 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. <input type="checkbox"/> \$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 VP ST M. J. PACKER 9852 CREET CIRCLE, SUITE A NAVARRE, FL 32566	
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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: <i>M. J. Packer</i> PRESIDENT 850-582-9694 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	