FILED May 05, 2003 8:00 am Secretary of State 04-14-2003 90736 016 ***150.00

UNIFORM BUSINESS REPORT (UBR)						04-14-2003 90736 016 ***150.00					
1. Entity Name	ENT # P9900004734	43									
M J P REALTY, INC.						0000000					
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DO NOT WATE IN THIS SPACE											
							7762	. · ē			
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE					
9852 CREET CIRCLE, SUITE A City & State City & State						4 FEI Number Applied				٦	
NAVARRE Zip	Country	Zip	Country		5	9-3582194		R 75	Not Applicable Additional	卓	
32566	<u> </u>	·	304114			Certificate of Status Desired	<u> </u>	ee Re	quired		
DO NOT WRITE IN THIS SPACE					7. Name and Address of Current Registered Agent /						
M. J. PA Street Addre						CKER ss (P.O. Box Number is Not Acceptable)					
Street Address (P.O. Box Number is Not Acceptable) 9852 CREET CIRCLE, SUITE A										\dashv	
(•			City				Zip C	ode	-{	
9. The sharp of	and antihe sub-solar this statement	for the number of change	ing lie en	<u>LNAVA</u>		turned against as both in the Plat	FL	<u> 325</u>	66	4	
8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.											
SIGNATURE	M.1.4	tacker								1	
Sig	prature, typed or printed number of registe ary 1 - May 1 Fee by \$150.00	red agent and title if applicat	de. (1	NOTE: Registe	ered Agent	signature required when reinstating		DATE		4	
Aft A	ter May 1, Fee is \$550.00 mended UBR is \$61.25 yable to Florida Department of 5	itate (•			Section Campaign Final Trust Fund Contribution			5.00 May Be Added to Fees		
10.	OFFICERS AND DI		עווו							<u> </u>	
	P VP S T M. J. PACKER			E					•	125	
STREET ADDRESS 9852 CREET CIRCLE, SUITE A OTY-ST-ZIP NAVARRE, FL 32566				ST - ZIP		•				CR2E034B (12/02)	
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OTY - ST - ZIP				-ST-ZIP		·					
12. Thereby 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 without address, with all other like empowered.											
SIGNATURE: PRESIDENT 850-582-9694 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylims Phone 8											
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FOR PROFIT CORPORATION