

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053530

1. Entity Name

MJ ENTERPRISES OF ORLANDO, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90867 042 ***150.00

Principal Place of Business

1221 W. COLONIAL DRIVE
SUITE 205
ORLANDO FL 32804

Mailing Address

1221 W. COLONIAL DRIVE
SUITE 205
ORLANDO FL 32804-7156

2. Principal Place of Business

973 East Altamonte Dr.
Suite, Apt. #, etc.

3. Mailing Address

973 East Altamonte Dr.
Suite, Apt. #, etc.

City & State

Altamonte Springs

Zip
32701

Country
USA

City & State

Altamonte Springs

Zip
32701

Country
USA

4. FEI Number

59-3575732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLHER, SONJA
343 ESTHER AVENUE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name Sonja Bleher

Street Address (P.O. Box Number is Not Acceptable)
973 East Altamonte Dr.

City Altamonte Springs FL Zip Code 32701

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 Sonja Bleher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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

TITLE President ☐ Delete
NAME Sonja Bleher
STREET ADDRESS 973 East Altamonte Dr.
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE Vice-President ☐ Delete
NAME Aaron Fulghum
STREET ADDRESS 973 East Altamonte Dr.
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 - Sonja Bleher

4/27/00

407-884-0394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)