

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054649

1. Entity Name  
MJQ INCORPORATED

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90098 005 \*\*\*150.00

Principal Place of Business

P O BOX 2481  
CRYSTAL RIVER FL 34423

Mailing Address

P O BOX 2481  
CRYSTAL RIVER FL 34423-2481

2. Principal Place of Business

P.O. Box 2481  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2481  
Suite, Apt. #, etc.

City & State

Crystal River FL

City & State

Crystal River FL

4. FEI Number

EIN 59-3589286

Applied For

Not Applicable

Zip

34423

Country

FLORIDA

Zip

34423

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUMFORD, JANN S  
110 SW 5TH TERRACE  
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

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

City CRYSTAL RIVER FL Zip Code 34423

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 \_\_\_\_\_ (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, 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	Pres.	<input type="checkbox"/> Delete
NAME	Michelle Queen	
STREET ADDRESS	2739 MONTCHATEAU AVE	
CITY-ST-ZIP	Cincinnati, OHIO 45244	
TITLE	V. Pres	<input type="checkbox"/> Delete
NAME	Leyle B. Gilson	
STREET ADDRESS	1040 N. STONEY POINTE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	Sec/Trea.	<input type="checkbox"/> Delete
NAME	Jann S. Mumford	
STREET ADDRESS	P.O. Box 2481	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34423	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Jann S. Mumford 3/20/00 352-563-2544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)