

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90030 040 ***150.00

DOCUMENT # P99000056077

1. Entity Name
MJM MEDICAL CONSULTANTS, INC.

Principal Place of Business
1812 KINSMERE DR.
NEW PORT RICHEY FL 34655

Mailing Address
1812 KINSMERE DR.
NEW PORT RICHEY FL 34655

2. Principal Place of Business

2159 GROUND SQUIRREL LANE
 Suite, Apt. #, etc.

3. Mailing Address

2159 GROUND SQUIRREL LANE
 Suite, Apt. #, etc.

City & State
NEWPORT RICHEY FL

City & State
NEWPORT RICHEY FL

4. FEI Number **59-3582312**

Applied For
☐ **Not Applicable**

Zip **34655** **Country** **US**

Zip **34655** **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name **KRISTINE M BIGELOW, CPA PA**
Street Address (P.O. Box Number is Not Acceptable) **6600 EMBASSY BLVD, STE. B**
City **PORT RICHEY** **FL** **Zip Code** **34668**

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 *Kristine M Bigelow*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, LAWRENCE M	
STREET ADDRESS	1812 KINSMERE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, JOY	
STREET ADDRESS	1812 KINSMERE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2159 GROUND SQUIRREL LANE
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2159 GROUND SQUIRREL LANE
CITY-ST-ZIP	NEW PORT RICHEY FL 34655
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:

Lawrence M Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
Date

727-372-1445
Daytime Phone #

CR2E034 (9/01)