FILED

Jul 21, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

**Secretary of State** P99000074144 **DOCUMENT #** 04-18-2003 90105 048 \*\*\*150.00 1. Entity Name MJ HUNTER INC. Principal Place of Business Mailing Address 3923 E KEYSVILLE RD 3923 E KEYSVILLE RD LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3594188 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent -BRACE, RONALD-720 E-FLETCHER AVE **TAMPA-FL 33812** 8. The above named eptity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition HUNTER, JANE NAME NAME 3923 E KEYSVILLE RD STREET ADDRESS STREET ADDRESS LITHIA FL 33547 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HUNTER, BRYAN D NAME NAME 3923 E KEYSVILLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITHIA FL 33547 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ないま! TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

AHOCHMENT

July 7. 2003

Florida Department of State Division of Corporations

RE:Document# P99000074144

I contacted your office at 850 245-6056 regarding the above document. I had mailed and you received my UBR in April, 2003.

I was unaware that it was returned for requiring the new registered agent's signature. I have this information complete and am forwarding the form to you. I request that the late fee be waived as I did not receive the returned form requiring this information

Thank you

Mary Jane Hunter

EIN 59-3594188