

DOCUMENT # P99000099602

1. Entity Name

MJ'S FASHION BOUTIQUE CORPORATION

Principal Place of Business

455 WINTER STREET
JACKSONVILLE FL 32254

Mailing Address

455 WINTER STREET
JACKSONVILLE FL 32254-4231

2. Principal Place of Business

JACKSONVILLE
455 WINTER ST FL 32254
Suite, Apt. #, etc.

3. Mailing Address

JACKSONVILLE
455 WINTER ST FL 32254-4231
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32254-4231Country
U.S.A.

City & State

JACKSONVILLE, FL

Zip
32254-4231Country
USA

4. FEI Number

59-3611846

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

JONES, MERCY D
455 WINTER STREET
JACKSONVILLE FL 32254

MAR 6 - 2000

ATSC IRS#5700

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OWNER
MERCY DEE JONES
455 WINTER ST
JACKSONVILLE FL 32254-4231☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REC'D IN HOUSE
ATSC
APR 26 2000☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
R & C BRANCH☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MERCY DEE JONES 1-17-2000 904-384-7129
Date Daytime Phone #FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90428 037 ***150.00

01-24-2000 90005 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)