FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90362 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110893

1. Entity Name
MC-JES, CO.

20039148

Principal Place of Business	Mailing Address
1715 HODGES BLVD 1107 JACKSONVILLE, FL 32224	1715 HODGES BLVD 1107 JACKSONVILLE, FL 32224

2. Principal Place of Business	3. Mailing Address
950 SUNSET GLEN CT	950 SUNSET GLEN CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE - FL	City & State: JACKSONVILLE - FL.
Zip: 32225 Country: USA	Zip: 32225 Country: U.S.A

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0970408 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ, JORGE E 1715 HODGES BLVD 1107 JACKSONVILLE, FL 32224	Name: — Street Address (P.O. Box Number Is Not Acceptable) 950 SUNSET GLEN CT. City: JACKSONVILLE FL Zip Code 32225

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVILA, MARIA C 1715 HODGES BLVD # 1107 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— — 950 SUNSET GLEN CT. JACKSONVILLE FL 32225	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, JORGE E 1715 HODGES BLVD # 1107 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	— — 950 SUNSET GLEN CT. JACKSONVILLE FL 32225.	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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.

SIGNATURE: [signature] 04-29-03 (904) 614-3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JORGE E. SANCHEZ (904) 220-9876

Chk# 0278