

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V14378**

1. Entity Name

M.J.R.S. ENTERPRISES, INCORPORATED**FILED**
Sep 21, 2001 8:00 am
Secretary of State

08-13-2001 90066 007 ***150.00

09-21-2001 90006 005 ***550.00

Principal Place of Business

**306 BAYSHORE DRIVE
NICEVILLE FL 32578
US**

Mailing Address

**144 SOUTH 3RD STREET
APT 627
SAN JOSE CA 95112
US****B0065982**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3142196**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STRICKLAND, ROGER
1624 18TH STREET
NICEVILLE FL 32578**

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

9/16/019. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VP
STRICKLAND, MARK
306 BAYSHORE DRIVE
NICEVILLE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**2414 BORDEN BLVD
NICEVILLE, FL 32578**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PC
GEMIGNANI, JANIS
5018 SPRUCE FOREST
HOUSTON TX**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**144 S. THIRD ST. APT 627
SAN JOSE, CA 95112**☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**ST
STRICKLAND, ROGER
1624 18TH STREET
NICEVILLE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
MARIE F. STRICKLAND
2419 DUNCAN DR.
NICEVILLE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
BARBARA STRICKLAND
1624 18TH ST.
NICEVILLE FL**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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.

Janis G. Gemignani 9/16/01 428-245-3100