

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90063 007 ***150.00

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DOCUMENT # P94000060543

1. Entity Name
SANIBEL MAJIK, INC.



Principal Place of Business
**1200 PERIWINKLE WAY
STE 4
SANIBEL FL 33957
US**

Mailing Address
**1200 PERIWINKLE WAY
STE 4
SANIBEL FL 33957
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0513552**

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

**SCHILLING, MICHAEL L
1200 PERIWINKLE WAY #4
SANIBEL FL 33957**

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

SIGNATURE _____ (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	D SCHILLING, MICHAEL L	<input type="checkbox"/> Delete
STREET ADDRESS	13451-16 MCGREGOR BLVD.	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE NAME	D ASEN, MATTHEW	<input type="checkbox"/> Delete
STREET ADDRESS	497 LAKE MUREX CIR.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE NAME	D FOSTER, R. JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	3754 S.E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME	D FOSTER, KIPP	<input type="checkbox"/> Delete
STREET ADDRESS	3754 S.E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 **239-472-1998**
Date Daytime Phone #

CR2E034 (10/02)