

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90096 001 \*\*\*150.00

**DOCUMENT # 422133**

1. Entity Name  
**MAJEMAC ENTERPRISES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1101 OLD COACHMAN RD (34625)<br>PO BOX 5613<br>CLEARWATER FL 33758<br>US | Mailing Address<br>1101 OLD COACHMAN RD (34625)<br>PO BOX 5613<br>CLEARWATER FL 33758<br>US |
|---|---|

00000200



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|              |              |                                 |                               |
|--------------|--------------|---------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number <b>59-1455201</b> | Applied For<br>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**

**MCMAHON JR, JOHN F.**  
**1152 GLENMOOR COURT**  
**CLEARWATER FL 33516**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <b>FL</b> 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 \_\_\_\_\_ (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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br><b>MCMAHON, MARY C.</b><br><b>1152 GLENMOOR CT.</b><br><b>CLEARWATER FL</b>           | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>MCMAHON, JOHN P</b><br><b>2521 COLONY DRIVE</b><br><b>DUNEDIN FL 34608</b>          | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>M</b><br><b>MCMAHON, JOHN F. JR.</b><br><b>1152 GLENMOOR CT.</b><br><b>CLEARWATER FL 33764</b>  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>MCMAHON, ELIZABETH E</b><br><b>737 SPENCER AVENUE SOUTH</b><br><b>CLEARWATER FL</b> | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: *J F McMahon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-01  
 Date

Daytime Phone #

CR2E034 (10/00)