

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006919 AT

DOCUMENT # - A31684

1. Entity Name
MAJOR DEVELOPMENT, LTD.



FILED

03 MAR 24 AM 9:41

Principal Place of Business
~~475 HARRISON AVE., STE. 203D~~ 460 Harrison Av
PANAMA CITY FL 32401

Mailing Address
~~475 HARRISON AVE., STE. 203D~~ 460 Harrison Av
PANAMA CITY FL 32401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address
460 Harrison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL
City & State
32401

DUE BY MAY 1, 2003

4. FEI Number 59-1443252

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

FAIRCLOTH, CHARLES E.

~~475 HARRISON AVE., STE. 203D~~ 460 Harrison Av
PANAMA CITY FL 32401

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

DATE

9. Capital Contributions as Shown on record. \$200.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L75719
NAME MAJOR MANAGEMENT CORP.
STREET ADDRESS 24 HARRISON AVENUE 460 Harrison Av
CITY-ST-ZIP PANAMA CITY FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

000014453860
03/24/03 01013 001 **141.25

M THOMAS

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)