

# 2000 UNIFORM BUSINESS REPORT (UBR) (AMENDED)

DOCUMENT #J05189

Entity Name

MAJESTIC HOMES ENTERPRISES, INC.

FILED

00 MAY 23 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6406 E. FOWLER AVE.  
TAMPA, FL 33617  
USA

Mailing Address  
101 E. KENNEDY BLVD.  
SUITE 2800  
TAMPA, FL 33602  
USA

Principal Place of Business  
6406 E. FOWLER AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
101 E. KENNEDY BLVD.  
Suite, Apt. #, etc.  
SUITE 2800

City & State  
TAMPA, FL

City & State  
TAMPA, FLORIDA

Zip  
33617

Country  
USA

Zip  
33602

Country  
USA

4. FEI Number  
59-2676530

Applied For  
Not Applicable

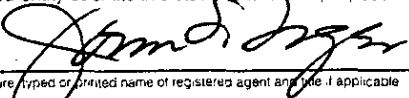
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
JOHN S. INGLIS  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA, FLORIDA 33602

7. Name and Address of New Registered Agent  
Name  
JOHN S. INGLIS  
Street Address (P.O. Box Number is Not Acceptable)  
SHUMAKER, LOOP & KENDRICK, LLP  
101 E. KENNEDY BLVD., SUITE 2800  
City  
TAMPA  
FL  
Zip Code  
33602

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  John S. Inglis 05/12/2000  
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

is 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, 2000 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	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
PST	LUTMAN, MIKE	6406 E. FOWLER AVE. TAMPA, FL 33617			
		<input type="checkbox"/> Delete			
D	LUTMAN, MIKE	6406 E. FOWLER AVE. TAMPA, FL 33617			
		<input type="checkbox"/> Delete			
<del>VP</del>	<del>LUTMAN, THELMA</del>	<del>6406 E. FOWLER AVE. TAMPA, FL 33617</del>			
		<input checked="" type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			

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:  Mike Lutman, President 05/12/2000 813/989-1158  
Signature typed or printed name of signing officer or director Date Daytime Phone #