

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90129 024 ***150.00

A0061977

DO NOT WRITE IN THIS SPACE

DOCUMENT # K60143	
1. Entity Name MAJOR STRATEGIES, INC.	
Principal Place of Business 1995 W. Commercial Blvd. Hangar 48B Ft Lauderdale, FL 33309 US	Mailing Address 1995 W. Commercial Blvd. Hangar 48B Ft Lauderdale, FL 33309 US

2. Principal Place of Business 1722 W. Las Olas Boulevard	3. Mailing Address 1722 W. Las Olas Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale, Florida	City & State Fort Lauderdale, Florida	4. FEI Number 65-0102465	Applied For <input type="checkbox"/> Not Applicable
Zip 33312	Country US	Zip 33312	Country US
6. Name and Address of Current Registered Agent Major, Patrick Scott 1995 W. Commercial Boulevard Suite 48B Fort Lauderdale, Florida 33309		7. Name and Address of New Registered Agent 1722 W. Las Olas Boulevard	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City Fort Lauderdale	Zip Code 33309

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Major, Patrick S. 1995 W. Commercial Blvd Suite 48B Ft Lauderdale, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1722 W. Las Olas Boulevard Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Patrick S. Major** Date **May 11, 2001** Daytime Phone **(954)763-7019**

CR2E034 (10/00)