

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90018 007 *****50.00

DOCUMENT # L00000010667

1. Entity Name

MAJESTIC FOUNTAINS, L.L.C.

Principal Place of Business

**15660 SAN CARLOS BLVD. #40
FT. MYERS FL 33908**

Mailing Address

**15660 SAN CARLOS BLVD. #40
FT. MYERS FL 33908**

907895



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAPP, PAUL
18605 TAMPA ROAD
FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RUSS, DAVID
15660 SAN CARLOS BLVD #40
FT MYERS FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SAPP, PAUL
15660 SAN CARLOS BLVD #40
FT MYERS FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SAPP, MARIE
15660 SAN CARLOS BLVD #40
FT MYERS FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mark Sapp* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-14-02

941-481-1577

CR2E083 (9/01)