

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90135 035 \*\*\*\*50.00

**DOCUMENT # L01000013979**

1. Entity Name  
**MAJESTIC-HOOKER, L.L.C.**

Principal Place of Business      Mailing Address  
**350 HOMESTEAD ROAD SOUTH**      **350 HOMESTEAD ROAD SOUTH**  
**LEHIGH ACRES FL 33936**              **LEHIGH ACRES FL 33936**

95785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02-0565979		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WINER, STEVEN I ESQ. 2320 FIRST ST., STE. 1000 FORT MYERS FL 33901				Name: <b>JERE CARRICK</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>350 HOMESTEAD RD SOUTH</b>			
				City: <b>LEHIGH ACRES</b>		FL	Zip Code <b>33936</b>

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]*      DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JERE CARRICK 350 HOMESTEAD RD SOUTH LEHIGH ACRES FL 33936</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JERE CARRICK 350 HOMESTEAD RD SOUTH LEHIGH ACRES FL 33936</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*      **REQUIRED**

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

Date      Daytime Phone #