

*** AMENDED ***
**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000016280

1. Entity Name
**MAJESTIC CONSTRUCTION & DEVELOPMENT,
 L.L.C.**



Principal Place of Business
 16811 ROLLING ROCK DR.
 TAMPA, FL 33618

Mailing Address
 16811 ROLLING ROCK DR.
 TAMPA, FL 33618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0466440

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSEN, VIVIAN M
 16811 ROLLING ROCK DR.
 TAMPA, FL 33618

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
 NAME OLSEN, VIVIAN M
 STREET ADDRESS 16811 ROLLING ROCK DR.
 CITY-ST-ZIP TAMPA, FL 33618

TITLE MGR ☒ Delete
 NAME ~~MERRILL, MARK~~
 STREET ADDRESS ~~16811 ROLLING ROCK DR.~~
 CITY-ST-ZIP ~~TAMPA, FL 33618~~

TITLE MGR ☐ Delete
 NAME SEBELKA, CAROL
 STREET ADDRESS 2662 IOWA HWY 21
 CITY-ST-ZIP ELVERN, IA 52225

TITLE MGR ☐ Delete
 NAME SEBELKA, STEVE
 STREET ADDRESS 2662 IOWA HWY 21
 CITY-ST-ZIP ELVERN, IA 52225

TITLE MGR ☒ Delete
 NAME ~~LEDBETTER, JOHN M~~
 STREET ADDRESS ~~2502 ROCKINGHILL LANE~~
 CITY-ST-ZIP ~~MARIETTA, GA 30060~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE MGR ☐ Change ☒ Addition
 NAME **GEORGE M. LONG**
 STREET ADDRESS **7769 SPANISH LAKE DR.**
 CITY-ST-ZIP **LAS VEGAS, NV 89113**

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: Vivian M. Olsen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11-13-03
 Date

Daytime Phone #

CR2E083 (10/02)