

1/28

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 10, 2002 8:00 am
Secretary of State

01-28-2002 90054 010 ****61.25

DOCUMENT # N01000000893

1. Entity Name

MAJESTIC ISLES WE CARE, INC. ✓

Principal Place of Business

Mailing Address

**EMERALD CAY TERRACE
BOYNTON BEACH FL 33437****5762 EMERALD CAY TERRACE
BOYNTON BEACH FL 33437**

- 16651

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-107811-2

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

7. Name and Address of New Registered Agent

**SNYDER, STAN
5762 EMERALD CAY TERRACE
BOYNTON BEACH FL 33437**

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

Stanley Snyder
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)1/12/02
DATE**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	Pres Stan Snyder	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	5762 Emerald Cay Terr.	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE D	V.P.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	Joan Baron	
CITY-ST-ZIP	10869 Royal Caribbean Cir.	
	Boynton Beach, FL 33437	
TITLE D	Thos	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	Reuec Stichel	
CITY-ST-ZIP	5758 Grand Harbor Cir.	
	Boynton Beach, FL 33437	
TITLE T	Secy	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	Estelle Snyder	
CITY-ST-ZIP	5762 Emerald Cay Terr.	
	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stanley Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/12/02 1-561-783-2157
Date Daytime Phone #

CR2037 (9/01)