

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90093 040 ***150.00

DOCUMENT # P00000013305

1. Entity Name

MAJESTY COMMUNICATIONS, INC.

Principal Place of Business

80 GUAVA AVENUE
DEFUNIAK SPRINGS FL 32433

Mailing Address

80 GUAVA AVENUE
DEFUNIAK SPRINGS FL 32433

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

59-3631876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, R W
80 GUAVA AVENUE
DEFUNIAK SPRINGS FL 32433

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, R W	
STREET ADDRESS	80 GUAVA AVENUE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, LEON	
STREET ADDRESS	138 CYPRESS LANE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, ROGER D	
STREET ADDRESS	2675 HWY. C-81Z	
CITY-ST-ZIP	PONCE DE LEON FL 32455	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JOHN	
STREET ADDRESS	1813 JOHN WHITE ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEARWOOD, JOHN	
STREET ADDRESS	110 CYPRESS LANE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JAMES	
STREET ADDRESS	531 COLLEGE AVENUE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. W. White
STREET ADDRESS	80 GUAVA AVE
CITY-ST-ZIP	DEFUNIAK SPR 71 32433
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/P R.W. White
STREET ADDRESS	80 GUAVA AVE
CITY-ST-ZIP	DEFUNIAK SPR 71 32433
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/S Elaine P. White
STREET ADDRESS	80 GUAVA AVE.
CITY-ST-ZIP	DEFUNIAK SPR 71 32433
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/T Leon Campbell
STREET ADDRESS	138 CYPRESS LANE
CITY-ST-ZIP	DEFUNIAK SPR 71 32433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/V P James Roberts
STREET ADDRESS	531 College Ave
CITY-ST-ZIP	DEFUNIAK SPR 71 32433

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RW White R W White

01-09-01 850-892-6202

Date

Daytime Phone #

CR2E034 (10/00)