**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver changed, or on an attachment w

## Feb 10, 2002 8:00 am Secretary of State DOCUMENT # P00000060962 1. Entity Name 02-10-2002 90020 042 \*\*\*150.00 MAJESTIC BUILDING & DEVELOPMENT, INC. Principal Place of Business Mailing Address 2039 NOTWEN LANE 2039 NOTWEN LANE OVIEDO FL 32765 OVIEDO FL 32765 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. ----DO'NOT WRITE IN THIS SPACE ------Applied For City & State City & State 4. FEI Number 59-3652243 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNDALE, MARK M Street Address (P.O. Box Number is Not Acceptable) 2039 NOTWEN LANE OVIEDO FL 32765 City Zip Code F٤ 🤼 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 FILE NOW!!! FEE IS-\$150.00-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE NAME DUNDALE, MARK M NAME STREET ADDRESS 2039 NOTWEN LANE STREET ADDRESS CITY-ST-7IP OVIEDO FL 32765 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition D NAME CAMERON, MARK S NAME STREET ADDRESS STREET ADDRESS 2039 NOTWEN LANE CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and