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FILED
Mar 14, 2001 8:00 am
Secretary of State

02-13-2001 90065 017 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113917

1. Entity Name

MAJESTIC CONSTRUCTION AND CONSULTATION INCORPORA

Principal Place of Business	Mailing Address
3889 LOUIS DRIVE LAKE WORTH FL 33461	3889 LOUIS DRIVE LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3889 Louis Drive	3889 Louis Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, Florida	City & State: Lake Worth, Florida
Zip: 33461 Country: USA	Zip: 33461 Country: USA

4. FEI Number: 65-1061661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, SAMUEL K
3889 LOUIS DRIVE
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name: SAMUEL K. BAUER
Street Address (P.O. Box Number is Not Acceptable): 3889 Louis Drive
City: Lake Worth FL Zip Code: 33461

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SAMUEL K. BAUER 3889 Louis Drive LAKE WORTH, FLA. 33461 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SAMUEL K. BAUER 3889 Louis Drive LAKE Worth, Florida 33461 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: ______________________________ 2-06-01 561-436-9976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #