

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90038 044 \*\*\*158.75

**DOCUMENT # P00000113917**

**1. Entity Name**  
**MAJESTIC CONSTRUCTION AND CONSULTATION INCORPORATED**

**Principal Place of Business**  
**3889 LOUIS DRIVE**  
**LAKE WORTH FL 33461**

**Mailing Address**  
**3889 LOUIS DRIVE**  
**LAKE WORTH FL 33461**



**2. Principal Place of Business**  
**11195 STONE CREEK STREET**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**11195 STONE CREEK STREET**  
 Suite, Apt. #, etc.

**City & State**  
**WELLINGTON, Florida**

**Zip**  
**33467**

**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)**  
**11195 STONE CREEK STREET**

**City**  
**WELLINGTON**

**FL**

**Zip Code**  
**33467**

**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** **SAMUEL K. BAUER** **1-15-02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P</b>			
	<b>BAUER, SAMUEL</b>	<b>3889 LOUIS DRIVE</b>	<b>LAKE WORTH FL 33461</b>	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PRESIDENT</b>				
	<b>SAMUEL K. BAUER</b>	<b>11195 STONE CREEK STREET</b>	<b>WELLINGTON, Florida 33467</b>	<input type="checkbox"/>	<input type="checkbox"/>

**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:** **SAMUEL K. BAUER** **1-15-01** **561-436-9976**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02000000 AV

CR2E034 (9/01)