

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-15-2001 90048 009 ***150.00

DOCUMENT # P00000115163

1. Entity Name

MAJESCO GRAPHICS & PRODUCTION SERVICES, INC.

Principal Place of Business

Mailing Address

1021 SOUTH HIAWASSEE ROAD SUITE 392T
 ORLANDO FL 32835

1021 SOUTH HIAWASSEE ROAD SUITE 392T
 ORLANDO FL 32835

2. Principal Place of Business

5950 HAZELTINE NATIONAL DR.

Suite, Apt. #, etc.

SUITE 145

City & State

ORLANDO, FL

Zip

32822

Country

USA

3. Mailing Address

5950 HAZELTINE NATIONAL DR.

Suite, Apt. #, etc.

SUITE 145

City & State

ORLANDO, FL

Zip

32822

Country

USA

4. FEI Number

22-3093128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KARLOCK, BETSY

**1021 SOUTH HIAWASSEE ROAD SUITE 392T
 ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name

KARLOCK, BETSY

Street Address (P.O. Box Number is Not Acceptable)

2508 TIGER MAPLE COURT

City

KISSIMMEE

FL

Zip Code

34743-5613

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

Betsy Karlock

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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

TITLE **PRESIDENT** ☐ Delete
 NAME **MICHELE CHARLTON**
 STREET ADDRESS **18 ORCHARD RD**
 CITY-ST-ZIP **EGG HARBOR TWP, NJ 08234**

TITLE **VICE-PRESIDENT** ☐ Delete
 NAME **ROBERT COLFLESH**
 STREET ADDRESS **2208 BAY AVENUE**
 CITY-ST-ZIP **OCEAN CITY, NJ 08226**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01

Date

609-248-0240

Daytime Phone #

CR2E034 (10/00)