2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000006930 **DOCUMENT #**

1. Entity Name

MAJORS FINANCIAL GROUP, INC.



FILED May 01, 2003 8:00 am § Secretary of State

05-01-2003 90300 023 ***150.00

Principal Plac 1299 W NELS DEFUNIAK SP	ON AVE #4		286 C	Mailing Address 286 CLAY ST. DEFUNIAK SPRINGS FL 32435							
2. Principal P	lace of Busin	ess	3. Mail	3. Mailing Address						10,00 46,11 00,61 1001	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State			4. F	59-3689925	<u> </u>	Applied For Not Applicable	
Zip	Country Zip Cou			Country	y	5. 0	5. Certificate of Status Desired				
	6. Name	and Address of Co	urrent Registere	d Agent			7. N	lame and Address of New Reg	istered Agent		
MAJORS, CHARLES G						Name Stroot Add	ross (BO Br	ov Number is Not Acceptable)			
286 CLAY	ST.			Street Address			1622 (F.O. Di	s (P.O. Box Number is Not Acceptable)			
DEFUNIĀR	SPRINGS	FL 32435			Γ						
				City					FL Zip	Code	
	named entity ions of regist		nent for the purp	ose of changing its	registered	l office or re	gistered age	ent, or both, in the State of Floric	la. I am familiar	with, and accept	
SIGNATURE .	Signature, typed	or printed name of registere	ed agent and title if app	licable. (NOTE	E: Registered A	Agent signature r	equired when rei	instating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Finan Trust Fund Contribution.		5.00 May Be dded to Fees	
10.		OFFICERS	S AND DIRECTO	RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	286 CLAY	CHARLES G ST. SPRINGS FL 32	435	Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			☐ Cha	nge 🔲 Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP				□ Delete	TITLE NAME	ADDRESS			☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			·· 🗔 Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Chai	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP			☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	CITY-S		in Section 1	UO 07/2Vi) Florida Statutos I (c	☐ Chai	nge Addition	

I nereby 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 10 or Block 11 if changed, or on an attachment with a state of the corporation of the receiver or trustee empowered.

SIGNATURE:

850 892 9922