

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90009 008 \*\*\*150.00

**DOCUMENT #** PD1000043123

1. Entity Name

MAJESTIC LANDSCAPING & NURSERY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

PO Box 1301

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1301

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA SPRINGS, FL

Zip

34447-1301

Country

USA

City & State

HOMOSASSA SPRINGS, FL

Zip

34447-1301

Country

USA

4. FEI Number

59-3714235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN M GOODPASTER

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

9610 LOTUS PT

City

HOMOSASSA

FL

Zip Code

34448

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.) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JOHN M GOODPASTER  
9610 LOTUS PT  
HOMOSASSA, FL 34448

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

John Goodpaster

P John Goodpaster

4/30/02

352-382-4290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)