

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000061344

FILED  
Sep 02, 2003  
Secretary of State

Entity Name: MAJESTIC CLAIMS INVESTIGATION INC.

## Current Principal Place of Business:

261 SW 99 AVENUE  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

10031 PINES BLVD.  
STE. # 220  
PEMBROKE PINES, FL 33024

## Current Mailing Address:

P.O BOX 840442  
PEMBROKE PINES, FL 33084

## New Mailing Address:

10031 PINES BLVD.  
STE. # 220  
PEMBROKE PINES, FL 33024

FEI Number: 65-1118329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FINDLAY, CLIFTON  
261 SW 99TH AVENUE  
PEMBROKE PINES, FL 33025

## Name and Address of New Registered Agent:

FINDLAY, CLIFTON  
10031 PINES BLVD.  
STE4. # 220  
PEMBROKE PINES, FL 33024

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: CLIFTON FINDLAY

09/02/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FINDLAY, CLIFTON G  
Address: 261 SW 99 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPT ( ) Delete  
Name: FINDLAY, OLGA B  
Address: 261 SW 99 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FINDLAY, CLIFTON G  
Address: 10031 PINES BLVD. STE. # 220  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPT (X) Change ( ) Addition  
Name: FINDLAY, OLGA B  
Address: 10031 PINES BLVD. STE. # 220  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T ( ) Change (X) Addition  
Name: FINDLAY, CLIFTON G  
Address: 10031 PINES BLVD. STE. # 220  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFTON FINDLAY

P

09/02/2003

Electronic Signature of Signing Officer or Director

Date