

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024321

1. Entity Name

MAJIK MANATEE, INC.

Principal Place of Business

1347 ST LUCIE WEST BLVD
PT ST LUCIE FL 34986

Mailing Address

3745 S.E. OCEAN BLVD.
STUART FL 34996

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0478718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, KIPP T
3754 SE OCEAN BLVD
STUART FL 34996

Name

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

City

FL

Zip Code

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SCHILLING, MICHAEL L
STREET ADDRESS 13451-16 MCGREGOR BLVD.
CITY-ST-ZIP FT MYERS FL 33919

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

TITLE D ☐ Delete
NAME ASEN, MATTHEW
STREET ADDRESS 497 LAKE MUREX CIRCLE
CITY-ST-ZIP SANIBEL FL 33957

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

TITLE D ☐ Delete
NAME FOSTER, R. JAMES
STREET ADDRESS 3754 S.E. OCEAN BLVD.
CITY-ST-ZIP STUART FL 34996

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

TITLE D ☐ Delete
NAME FOSTER, KIPP
STREET ADDRESS 3754 S.E. OCEAN BLVD.
CITY-ST-ZIP STUART FL 34996

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

TITLE D ☐ Delete
NAME SCHILLING, EDWARD P
STREET ADDRESS 3754 S.E. OCEAN BLVD
CITY-ST-ZIP STUART FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90258 038 ***150.00

017513



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)