

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90115 028 ***150.00

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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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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	D	☐ Delete
NAME	ASEN, MATTHEW	
STREET ADDRESS	497 LAKE MUREX CIRCLE	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	D	☐ Delete
NAME	FOSTER, R. JAMES	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	☐ Delete
NAME	FOSTER, KIPP	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	☐ Delete
NAME	SCHILLING, EDWARD P	
STREET ADDRESS	3754 S.E. OCEAN BLVD	
CITY-ST-ZIP	STUART FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/03

772-288-1222

CR2E034 (10/02)