

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014125

1. Entity Name

MAJOR COMMUNICATIONS CONSULTING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90083 045 ***150.00

Principal Place of Business

6337 N TERRELL RD
TANGERINE FL 32777

Mailing Address

PO BOX 15143
ALTAMONTE SPRINGS FL 32715

2. Principal Place of Business

3. Mailing Address

P.O. Box 617

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tangerine, FL

Zip

Country

Zip

Country

32777

Orange

4. FEI Number

59-3363316

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

JONES, WALTER L
6337 N TERRELL RD
TANGERINE FL 32777

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, WALTER 6337 N TERRELL RD TANGERINE FL 32777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAJOR, BRENDA 6337 N TERRELL RD TANGERINE FL 32777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Brenda Major, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00 352-735-9269
Date Daytime Phone #

CR2E034 (9/99)