2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038791

MAJESTY HOMES AT PARK POINTE, INC.

Principal Place of Business 3501 JOG PARK DR CREENACRES FL 33467

2. Principal Place of Business

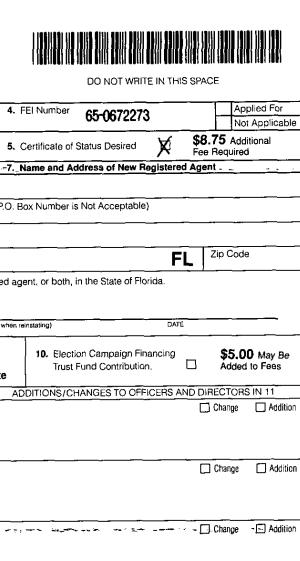
Mailing Address

3. Mailing Address

3301 JOG PARK DR GREENACRES FL 33467-2078

FILED May 07, 2000 8:00 am Secretary of State

05-07-2000 90002 005 ***158.75



Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State City & State		e		4. F	4. FEI Number 65-0672273			Applied For	
Country	Zip	Zip Country						\$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	~		-7N	ame and Ad	iress of New F	Registered	Agent	
			Name						
SNEEP, JOHN A 3301 JOG PARK DR GREENACRES FL 33467			Street Address (P.O. Box Number is Not Acceptable)						
			City				F	Zip Co	de
named entity submits this statement for	or the purpose of changing	its register	ed office or rec	istered age	ent, or both, in	the State of Fl	orida.	- 	
Trained drinky godinito and stationism.	or the perpose of the same	,		,					
Signature, typed or printed name of registered agent	t and title if applicable. (I	NOTE: Registere	d Agent signature re	quired when re	instating)		DATE		
Tax filing requirement and elects to do so. After MAY 1, 2000 Fe			will be \$550.			,	-		00 May Be ed to Fees
OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OF	ICERS AN	ND DIRECTO	RS IN 11
SNEEP, JOHN 3301 JOG PARK DR.			EET ADDRESS					☐ Change	☐ Addition
Delete Ti'		, nam Stri	EET ADDRESS					☐ Change	Addition
	Oelete -	NAM STRI	EET ADDRESS	V + 5.		and the second second	<u></u> .	- [] Change	- Addition
	☐ Delete	NAM STR	TE SET ADDRESS					Change	Addition
	☐ Delete	NAM STR	TE EET ADDRESS					☐ Change	☐ Addition
	☐ Delete	NAN STR	NE EET ADDRESS					Change	Addition
	Country 6. Name and Address of Current EP, JOHN A JOG PARK DR ENACRES FL 33467 Inamed entity submits this statement for Signature, typed or printed name of registered agent reation is eligible to satisfy its Intangible equirement and elects to do so. is on back) OFFICERS AND P SNEEP, JOHN 3301 JOG PARK DR. GREENACRES FL 33467	Country Signature, typed or printed name of registered agent and title if applicable. Corration is eligible to satisfy its Intangible aguirement and elects to do so. OFFICERS AND DIRECTORS P SNEEP, JOHN 3301 JOG PARK DR. GREENACRES FL 33467 Correction of the purpose of changing of the	Country Country Zip Country EP, JOHN A JOG PARK DR ENACRES FL 33467 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to Delete OFFICERS AND DIRECTORS P SNEEP, JOHN 3301 JOG PARK DR. GREENACRES FL 33467 Delete TITL NAM STRI CITY TITL NAM STRI CITY Delete TITL	City & State Country Zip Country	City & State Country Zip Country 5. C 6. Name and Address of Current Registered Agent Name P. JOHN A JOG PARK DR NACRES FL 33467 City named entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. (NOTE: Registered Agent signature required when recovered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 Atter MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS P. Delete NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP DELETE Delete ITILE NAME SIREET ADDRESS CITY-SI-ZIP DELETE DELETE STREET ADDRESS CITY-SI-ZIP DELETE STREET ADDRESS CITY-SI-ZIP STREET ADDRESS	Country Zip Country Zip Country 5. Certificate of S 6. Name and Address of Current Registered Agent —7. Name and Address (P.O. Box Number is P. JOHN A JOG PARK DR RNACRES FL 33467 City City City City City City Internation is eligible to satisfy its intengible address of country and belease to do so. a on back) OFFICERS AND DIRECTORS P. SNEEP, JOHN 3301 JOG PARK DR. GREENACRES FL 33467 City International Country City City	City & State Country Country Country Country Country Country Country S. Certificate of Status Desired 7. Name and Address of New F Name P, JOHN A JOG PARK DR ENACRES FL 33467 City Delete FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS P SIMER ADDRESS CITY-ST-2P City City 10. Blection Campaign Fi Trust Fund Contribution SIRET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P Delete SIRET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P Delete SIRET ADDRESS CITY-ST-2P Delete SIRET ADDRESS CITY-ST-2P Delete SIRET ADDRESS CITY-ST-2P Delete SIRET ADDRESS CITY-ST-2P SIRET A	Country Country Country Country Country S. Certificate of Status Desired Street Address of Current Registered Agent 7. Name and Address of New Registered Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City F. JOHN A JOG PARK DR RNACRES FL 33467 City F. City City F. City City F. City	Country Zip Country Zip Country Zip Country 5. Certificate of Status Desired \$ \$6.75 A. Ser. 75 A. Ser

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 application, with all other like empowered.

SIGNATURE:

President_