FILED
Jun 02, 2003 8:00 am
Secretary of State
06-02-2003 90191 019 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072654

1. Entity Name
MAJESTY POINTE, INC.

90138482

Principal Place of Business	Mailing Address
3301 JOG PARK DR GREENACRES, FL 33467 US	3301 JOG PARK DR GREENACRES, FL 33467 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
120 PRIVATE PLACE	120 PRIVATE PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENACRES FL	City & State: GREENACRES FL
Zip: 33413 Country: USA	Zip: 33413 Country: USA

4. FEI Number: 65-0692511 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNEEP, JOHN A
3301 JOG PARK DR.
GREENACRES, FL 33467

7. Name and Address of New Registered Agent

Name: JOHN SNEEP
Street Address (P.O. Box Number is Not Acceptable): 120 PRIVATE PLACE
City: GREENACRES FL Zip Code: 33413

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SNEEP, JOHN		NAME	
STREET ADDRESS	120 PRIVATE PLACE		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: JOHN SNEEP PRES. [signature] 5/28/03 561-801-3543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #