

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-07-2003 90143 008 ***500.00

P97000063047

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 14 AM 8:00

DOCUMENT # P97000063047

1. Entity Name
MAJESTIC MEXICO TOURS, INC.



Principal Place of Business
**782 NAVY STREET
FT. WALTON BEACH FL 32547
US**

Mailing Address
**784 NAVY STREET
FT WALTON BEACH FL 32547
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3463764**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KROLL, ROBERT M
784 NAVY ST.
FT. WALTON BEACH FL 32547-2128**

7. Name and Address of New Registered Agent
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 *Robert M Kroll* **ST** **7-2-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P KROLL, RONALD C 784 NAVY STREET FT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300022486043 08/21/03--01059--035 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROLL, ROBERT M 784 NAVY ST FT WALTON BEACH FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert M Kroll* **7/2/03** **850 214 9335**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)