

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90136 016 \*\*\*150.00

**DOCUMENT # P97000068696**

1. Entity Name  
**MAJORCA, INC.**

Principal Place of Business  
**750 N. ATLANTIC AVE., STE. 1209  
 COCOA BEACH FL 32931**

Mailing Address  
**750 N. ATLANTIC AVE., STE. 1209  
 COCOA BEACH FL 32931-3154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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

**MOSLEY, CURTIS R  
 1221 E. NEW HAVEN AVE.  
 MELBOURNE FL 32901**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RINGDAHL, DANNY P</b>	
STREET ADDRESS	<b>750 N. ATLANTIC AVE., STE. 1209</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, LUIS</b>	
STREET ADDRESS	<b>750 N. ATLANTIC AVE., STE. 1209</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RINGDAHL, JANET S</b>	
STREET ADDRESS	<b>750 N. ATLANTIC AVE STE. 1209</b>	
CITY-ST-ZIP	<b>COCOA BCH FL 32931</b>	
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CITY-ST-ZIP		

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: *[Signature]* **2-14-2000 321-783-195**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #