

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90477 012 \*\*\*158.75

0053389

**DOCUMENT # P97000076482**

1. Entity Name  
**MAJOR CONSTRUCTION AND DEVELOPMENT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>230 COASTLINE ROAD<br>SUITE 140<br>SANFORD FL 32771<br>US | Mailing Address<br>230 COASTLINE ROAD<br>SUITE 140<br>SANFORD FL 32771<br>US |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>230 COASTLINE ROAD | 3. Mailing Address<br>230 COASTLINE ROAD |
|--|--|

|                                  |                                  |
|----------------------------------|----------------------------------|
| Suite, Apt. #, etc.<br>SUITE 110 | Suite, Apt. #, etc.<br>SUITE 110 |
|----------------------------------|----------------------------------|

|                             |                             |
|-----------------------------|-----------------------------|
| City & State<br>SANFORD, FL | City & State<br>SANFORD, FL |
|-----------------------------|-----------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>32771 | Country<br>US | Zip<br>32771 | Country<br>US |
|--------------|---------------|--------------|---------------|

|                             |   |   |
|-----------------------------|---|---|
| 4. FEI Number<br>59-3480271 | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|-----------------------------|---|---|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**MOORHEAD, TIMOTHY R**  
**145 N. MAGNOLIA AVE.**  
**ORLANDO FL 32801**

**7. Name and Address of New Registered Agent**

|   |
|---|
| Name<br>MOLINA, DANIEL  |
| Street Address (P.O. Box Number is Not Acceptable)<br>5643 NEW CAMBRIDGE ROAD |
| City<br>ORLANDO   |
| State<br>FL   |
| Zip Code<br>32810   |

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 DANIEL MOLINA, PRESIDENT 2/23/01  
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, 2001 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**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>WRIGHT, MICHAEL T<br>763 KEENELAND PIKE<br>LAKE MARY FL 32714 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>MOLINA, DANIEL<br>5643 NEW CAMBRIDGE ROAD<br>ORLANDO, FL 32810 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: DANIEL MOLINA 2/23/01 407-302-2270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)