

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

Mailing Address

230 COASTLINE ROAD
 SUITE 140
 SANFORD FL 32771
 US

230 COASTLINE ROAD
 SUITE 140
 SANFORD FL 32771
 US

2. Principal Place of Business

230 COASTLINE ROAD

3. Mailing Address

230 COASTLINE ROAD

Suite, Apt. #, etc.
 SUITE 110

Suite, Apt. #, etc.
 SUITE 110

City & State
 SANFORD, FL

City & State
 SANFORD, FL

4. FEI Number **59-3480271**

Applied For
 Not Applicable

Zip
 32771

Country
 US

Zip
 32771

Country
 US

5. Certificate of Status Desired

\$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 **MOLINA, DANIEL**
 Street Address (P.O. Box Number is Not Acceptable)
5643 NEW CAMBRIDGE ROAD
 City **ORLANDO** **FL** Zip Code **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 *[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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DPST	MOLINA, DANIEL	5643 NEW CAMBRIDGE ROAD	ORLANDO, FL 32810	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *[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)