

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
 03-14-2001 90477 012 ***158.75

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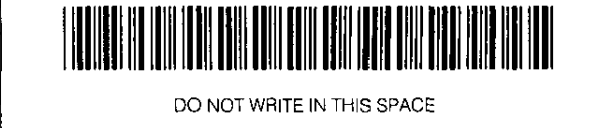
DOCUMENT # P97000076482

1. Entity Name
MAJOR CONSTRUCTION AND DEVELOPMENT, INC.

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

| | | | |
|---------------------|----------------------|---------------------|----------------------|
| Zip 32771 | Country US | Zip 32771 | Country US |
|---------------------|----------------------|---------------------|----------------------|



6. Name and Address of Current Registered Agent
**MOORHEAD, TIMOTHY R
 145 N. MAGNOLIA AVE.
 ORLANDO FL 32801**

4. FEI Number **59-3480271**

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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

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 |
| State 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 **DANIEL MOLINA, PRESIDENT** DATE **2/23/01**

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

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 | DPST WRIGHT, MICHAEL T 763 KEENELAND PIKE LAKE MARY FL 32714 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST MOLINA, DANIEL 5643 NEW CAMBRIDGE ROAD ORLANDO, FL 32810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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** DATE **2/23/01** DAYTIME PHONE # **407-302-2270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)