

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077610

1. Entity Name

MAJEF CONSULTING, INC.

Principal Place of Business

Mailing Address

18304 GULF BLVD. #709
REDDINGTON SHORES FL 33708

18304 GULF BLVD. #709
REDDINGTON SHORES FL 33708

1200 GULF BLVD #705

2. Principal Place of Business

705

3. Mailing Address

1200 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

705

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767

Country

USA

Zip

33767

Country

USA

4. FEI Number 59-3469469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MARK J
18304 GULF BLVD. #709
REDDINGTON SHORES FL 33708

7. Name and Address of New Registered Agent

Name MURPHY MARK J
Street Address (P.O. Box Number is Not Acceptable)
1200 GULF BLVD
705
City CLEARWATER FL Zip Code 33767

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

1/16/2001

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 P ☐ Delete
NAME MURPHY, MARK J.
STREET ADDRESS 18304 GULF BLVD, SUITE 709 1200 GULF BLVD
CITY-ST-ZIP REDDINGTON SHORES FL 33708 CLEARWATER FL

TITLE D ☐ Delete
NAME MURPHY, FRANCINE M.
STREET ADDRESS 18304 GULF BLVD, SUITE 709 1200 GULF BLVD
CITY-ST-ZIP REDDINGTON SHORES FL 33708 CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/2001 727-593-8684

0371150

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE