

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000008650**

1. Entity Name

MAJOR I, INC.Principal Place of Business
**1800 N.W. BRIGHT RIVER POINT
STUART FL 34994**Mailing Address
**1800 N.W. BRIGHT RIVER POINT
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0808870

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CUSTER, JOANNE
1800 N.W. BRIGHT RIVER POINT
STUART FL 34994**

7. Name and Address of New Registered Agent

Name

Thomas H. Thurlow III

Street Address (P.O. Box Number is Not Acceptable)

17 Martin L. King, Jr. Blvd.

City

Stuart**FL**Zip Code
34994

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

4/16/019. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WILLIET, MANFRED
1800 N.W. BRIGHT RIVER POINT
STUART FL 34994** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CUSTER, JOANNE
1800 N.W. BRIGHT RIVER POINT
STUART FL 34994** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WILLICH, MANFRED
1800 N.W. BRIGHT RIVER PT.
STUART, FLA 34994** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Joanne Custer**JOANNE CUSTER****4-12-01****561-283-7211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0439018

CR2E034 (10/00)

**FILED
Apr 23, 2001 8:00 am
Secretary of State**

04-23-2001 90212 045 ***150.00



DO NOT WRITE IN THIS SPACE