2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000103919 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** MAJOR DIRT, INC. 01-19-2000 90183 026 ***150.00 Principal Place of Business Mailing Address 5131 CAMUS STREET 5131 CAMUS STREET SARASOTA FL 34232 **SARASOTA FL 34232-2345** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State sarasota Not Applicable .rasota Country US A Zip \$8.75 Additional Country 5. Certificate of Status Desired 1232 34232 **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAJOR, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 5131 CAMUS STREET SARASOTA FL 34232 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **FILE NOW!!! FEE IS \$150.00** 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition ☐ Delete TITLE President TITLE L. Major Robert NAME NAME Camus St STREET ADDRESS STREET ADDRESS FL 34232 CITY-ST-ZIP CITY-ST-ZIP Sarasota Vice-President Change Addition ☐ Delete TITLE TITLE Victoria A. Federico 5131 Camus St NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sarasota 34232 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete [7] Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.