

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90018 050 ***150.00

0589006 AT

DOCUMENT # P98000105272

1. Entity Name

MAJORS HOME IMPROVEMENT, INC.

Principal Place of Business

**4646 PARKMORE PLAZA A
UNIT 46
MILTON, FL 32570**

Mailing Address

**PO BOX 4174
MILTON FL 32570**

2. Principal Place of Business

4430 Hwy 90

3. Mailing Address

4430 Hwy 90

Suite, Apt. #, etc.

Suite I

Suite, Apt. #, etc.

Suite I

City & State

Pace, FL

City & State

Pace, FL

Zip

32571

Country

USA

Zip

32571

Country

USA

4. FEI Number

59-3646929

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAJORS, MICHAEL S II
4662 MAGNOLIA HILL CT
PACE FL 32571**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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, 2002 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 **PT** ☐ Delete
NAME **MAJORS, MICHAEL S II**
STREET ADDRESS **4662 MAGNOLIA HILL CT.**
CITY-ST-ZIP **PACE FL 32571**

TITLE **V** ☐ Delete
NAME **MAJORS, MICHAEL S**
STREET ADDRESS **5726 DORIS ST.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **S** ☒ Delete
NAME **MAJORS, TONYA R**
STREET ADDRESS **4662 MAGNOLIA HILL CT.**
CITY-ST-ZIP **PACE FL 32571**

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 **Secretary**
STREET ADDRESS **Chris Grimsley**
CITY-ST-ZIP **7152 Pine Blossom Rd
Milton, FL 32570**

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

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: Michael S Majors II **1-10-02** **(850)994-3686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)