

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90182 043 ***150.00

DOCUMENT # P98000105272

1. Entity Name
MAJORS HOME IMPROVEMENT, INC.



Principal Place of Business
**4430 HWY 90
STE I
MILTON FL 32571**

Mailing Address
**4430 HWY 90
STE I
MILTON FL 32571**

2. Principal Place of Business

4869 West Spenserfield Rd
Suite, Apt. #, etc.

3. Mailing Address

4869 West Spenserfield Rd
Suite, Apt. #, etc.

City & State

Pace, FL

City & State

Pace, FL

4. FEI Number

59-3646929

Applied For

Not Applicable

Zip

32571

Country

USA

Zip

32571

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael S. Majors II *President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	MAJORS, MICHAEL S II	
STREET ADDRESS	4662 MAGNOLIA HILL CT.	
CITY-ST-ZIP	PACE FL 32571	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAJORS, MICHAEL S	
STREET ADDRESS	5726 DORIS ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	GRIMSLEY, CHRIS	
STREET ADDRESS	7152 PINE BLOSSOM RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael S. Majors II *President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03

Date

850-994-3686

Daytime Phone #

CR2E034 (10/02)