

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108241

1. Entity Name

MAJESTIC POOLS, SPAS & SERVICE, INC.

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90042 036 ***150.00

Principal Place of Business

1247 FOUNTAINHEAD DRIVE
DELTONA FL 32725

Mailing Address

1247 FOUNTAINHEAD DRIVE
DELTONA FL 32725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

785 N. SA 415
Suite, Apt. #, etc.

3. Mailing Address

785 N. SA 415
Suite, Apt. #, etc.

City & State

Osteen FL

City & State

Osteen, FL

4. FEI Number

59-3545856

Applied For

Not Applicable

Zip

32764

Country

VOLUSIA

Zip

32764

Country

VOLUSIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, ROBERT BRUCE JR
1247 FOUNTAINHEAD DRIVE
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name ROBERT B EVANS JR

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

785 N. S.R - 415

City

OSTEEN

FL

Zip Code

32764

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 NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ROBERT BRUCE JR 1247 FOUNTAINHEAD DRIVE DELTONA FL 32725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert B Evans JR ROBERT B EVANS JR

CR2E034 (9/01)