

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90945 029 \*\*\*150.00

04/07/15 AV

**DOCUMENT # P99000039824**

1. Entity Name

**MAJESTIC GRAPHICS & PRINT IMAGING, INC.**

Principal Place of Business

Mailing Address

**820 SE 47 ST  
 CAPE CORAL FL 33904**

**820 SE 47 ST  
 CAPE CORAL FL 33904**

2. Principal Place of Business

**941 S.E. 11th Ave**

3. Mailing Address

**941 S.E. 11th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cape Coral, FL**

City & State

**Cape Coral, FL**

4. FEI Number

**65-0920323**

Applied For

Not Applicable

Zip

**33990**

Country

**USA**

Zip

**33990**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THRESHER, FRANK J  
 820 SE 47 ST  
 CAPE CORAL FL 33904**

**Frank J. Thresher**

**941 S.E. 11th Ave**

**Cape Coral**

**FL**

**33990**

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

**3/18/02.**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THRESHER, ANGELA C</b>	
STREET ADDRESS	<b>820 SE 47 ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THRESHER, FRANK J</b>	
STREET ADDRESS	<b>820 SE 47 ST</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>941 S.E. 11th Ave</b>	
STREET ADDRESS	<b>Cape Coral, FL 33990</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33990</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>941 S.E. 11th Ave</b>	
STREET ADDRESS	<b>Cape Coral, FL 33990</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33990</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Angela Thresher**

**3/25/02 941-574-1185**

CR2E034 (9/01)