

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-16-2002 90142 046 ***150.00

DOCUMENT # **P99000056558**

1. Entity Name

MAJESTIC KINGDOM, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12811 KENWOOD LANE

Suite, Apt. #, etc.

SUITE 215

City & State

FT. MYERS FL

Zip

33907

Country

USA

3. Mailing Address

12811 KENWOOD LANE

Suite, Apt. #, etc.

SUITE 215

City & State

FT MYERS FL

Zip

33907

Country

USA

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4. FEI Number

65-0930268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SANDLIN, CAROLE

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

12811 KENWOOD LANE SUITE 215

City

Ft. MYERS

FL

Zip Code

33907

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
**J
MARLOWE, JACK
12811 KENWOOD LANE, SUITE 215
FT MYERS FL 33907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCQUINN, RON
7980 DENE DRIVE
N. FT. MYERS FL 33917**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD MCQUINN

4/3/02

(941) 275-5225

Date

Daytime Phone #

CR2E034B (12/01)