

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-09-2003 90146 020 ***550.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102284

1. Entity Name
MAJESTIC TILE, INC.



Principal Place of Business
4061 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH, FL 33411

Mailing Address
4061 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH, FL 33411

55046498



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0966219

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GEORGE, JOHN R
14466 68TH ST NORTH
LOXAHATCHEE, FL 33470

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

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

(NOTE: Registered Agent's Signature Required when Changing)

DATE

5/5/03

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	GEORGE, JOHN P	
STREET ADDRESS	14466 68 ST N	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	V	☐ Delete
NAME	GRAYSON, JERRY	
STREET ADDRESS	3700 S 66TH AVE	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	T	☒ Delete
NAME	MESSINA, JOHANN	
STREET ADDRESS	16778 71ST LANE N	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	S	☒ Delete
NAME	ADALBERN, RUIZ	
STREET ADDRESS	4061 ROYAL PALM BCH BLVD	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 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 or without the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/03 801-740-2068

CR2E034 (10/02)