FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am S99177 DOCUMENT # **Secretary of State** 1. Entity Name MAJESTIC CUSTOM HOMES AND REALTY, INC. 02-11-2002 90002 009 \*\*\*150.00 Principal Place of Business Mailing Address 4061 ROYAL PALM BEACH BLVD 4061 ROYAL PALM BEACH BLVD **BULLAUGU** ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0378956 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEÖRGE, JOHN Street Address (P.O. Box Number is Not Acceptable) 4061 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 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. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Delete TITLE TITLE Byl Pim Bel Blue GEORGE, JOHN NAME NAME CR2E034 4061 ROYAL PALM BCH BLVD STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE LEYENDECKER, THOMAS NAME ROTAL PALM BUR BING NAME 7050 PENINSULA COURT STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME: NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the informal indicated on this report or supplied. tion supplied w lemental report

In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 dowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the changed, or on an attach

SIGNATURE: