

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P98000068028**

1. Entity Name  
**MAJESTIC WEST, INC.**

01-22-2002 90009 012 \*\*\*\*50.00  
 03-06-2002 90007 012 \*\*\*100.00

Principal Place of Business 5811 PELICAN BAY BLVD. #208 NAPLES FL 34108	Mailing Address 5811 PELICAN BAY BLVD. #208 NAPLES FL 34108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-3524812</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARNETT, LISA**  
**821 FIFTH AVENUE SOUTH**  
**SUITE 201**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, STEPHEN D</b>	
STREET ADDRESS	<b>5811 PELICAN BAY BLVD. #208</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, MARK L</b>	
STREET ADDRESS	<b>5811 PELICAN BAY BLVD. #208</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLEMAN, JEFFREY</b>	
STREET ADDRESS	<b>5811 PELICAN BAY BLVD. #208</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 **1/11/01** Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)