

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0003286

DOCUMENT # P00000049712

1. Entity Name
LUCKY MAGPIE ENTERPRISES, INC.

03-08-2001 90020 008 ***150.00

Principal Place of Business
9 WALKERS RIDGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
9 WALKERS RIDGE DRIVE
PONTE VEDRA BEACH FL 32082

928293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13634 BROMLEY Pt. Dr

3. Mailing Address
13634 Bromley Pt. Dr

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3654339

Applied For
 Not Applicable

Zip
32225

Country
USA

Zip
32225

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DOUGLASS, MARGARET R
9 WALKERS RIDGE DRIVE
PONTE VEDRA BEACH FL 32082

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, 2001 Fee will be \$550.00.
 Make Check Payable to Department of State

10. Election Campaign Financing: **\$5.00** May Be Added to Fees
 Trust Fund Contribution

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, MARGARET R 9 WALKERS RIDGE DRIVE PONTE VEDRA BEACH FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCKMAN, PAUL T 13634 BROMLEY POINT DRIVE JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Paul T. Luckman* **3/2/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)