

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

03 SEP 22 PM 5:21


SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

DOCUMENT # P00000049712

1. Entity Name
LUCKY MAGPIE ENTERPRISES, INC.



Principal Place of Business
**13634 BROMLEY PT DR
JACKSONVILLE FL 32225
US**

Mailing Address
**13634 BROMLEY PT DR
JACKSONVILLE FL 32225
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3654339**
Applied For Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, MARGARET R	
STREET ADDRESS	9 WALKERS RIDGE DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCKMAN, PAUL T	
STREET ADDRESS	13634 BROMLEY POINT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	<i>CLARA S. LUCKMAN</i>	<input type="checkbox"/> Delete
NAME	<i>13634 Bromley Pt. Dr.</i>	
STREET ADDRESS	<i>Jacksonville FL 32225</i>	
CITY-ST-ZIP	<i>Vice President</i>	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800023520058	
CITY-ST-ZIP	10/02/03--01075--023 **750.00	
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		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul T. Luckman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/03 (904) 334-1388
Date Daytime Phone #

CR2E034 (4/03)