

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083295

1. Entity Name

NET MAGIC, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90141 021 ***150.00

Principal Place of Business

Mailing Address

1887 S. 14TH ST.
FERNANDINA BEACH FL 32034
US

1887 S. 14TH ST.
FERNANDINA BEACH FL 32034-3033
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3340558

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

CASCONE, JOHN
101 CENTRE ST.
FERNANDINA BEACH FL 32034

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME LAYLAND, MICHAEL
STREET ADDRESS 1887 S. 14TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE PRESIDENT & DIRECTOR ☒ Change ☐ Addition
NAME LAYLAND, MICHAEL
STREET ADDRESS 1887 S. 14TH STREET
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE VP ☐ Delete
NAME RAWLS, STEVE
STREET ADDRESS 1344 AUTUMN TRACE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LAYLAND, MICHAEL
STREET ADDRESS 1887 S. 14TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE DIRECTOR ☐ Change ☒ Addition
NAME SPANGLER, ROBERT E.
STREET ADDRESS 3998 1ST AVENUE
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE D ☐ Delete
NAME REILLY, GORDON R
STREET ADDRESS 1287 AVONDALE AVE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WESTBERRY, WYMAN B
STREET ADDRESS 911 DILWORTH ST
CITY-ST-ZIP ST MARY'S GA 31558

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MAICINO, CHARLES J
STREET ADDRESS 111 SPRING HILL CT.
CITY-ST-ZIP KINGSLAND GA 31548

TITLE DIRECTOR ☒ Change ☐ Addition
NAME MARINO, CHARLES J.
STREET ADDRESS 111 SPRING HILL CT.
CITY-ST-ZIP KINGSLAND, GA 31548

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:

John R. Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000 (912)673-6000

Date

Daytime Phone #

CR2E034 (9/99)