

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 01, 2002 8:00 am
Secretary of State

03-19-2002 90032 011 ***150.00

DOCUMENT # 252563

1. Entity Name

MAGNOLIA, INC.

DO NOT WRITE IN THIS SPACE

26352

2. Principal Place of Business

2702 EAST ROBINSON ST.

Suite, Apt. #, etc.

P.O. Box 3711

City & State

ORLANDO, FL

Zip

32803

Country

3. Mailing Address

2702 EAST ROBINSON ST.

Suite, Apt. #, etc.

P.O. Box 3711

City & State

ORLANDO, FL

Zip

32803

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

KUYKENDALL, J.R.

Street Address (P.O. Box Number is Not Acceptable)

2702 EAST ROBINSON ST.

City

ORLANDO, FL

FL

Zip Code

32803

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
P	KUYKENDALL, J.R.	2702 EAST ROBINSON ST.	ORLANDO, FL 32803
VS	KUYKENDALL, J.R., JR.	2702 EAST ROBINSON ST	ORLANDO, FL 32803
P	KUYKENDALL, J.M.	2702 EAST ROBINSON ST	ORLANDO, FL 32803

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JAMES R. KUYKENDALL JR.

2-22-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)