

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001660 AB

DOCUMENT # A01000001168

1. Entity Name

MAGICK HAPPENS, LTD.

Principal Place of Business

Mailing Address

RT 1 BOX 94-A  
ATTN: RONALD E. CLARK  
BUNNELL FL 32110

RT 1 BOX 94-A  
ATTN: RONALD E. CLARK  
BUNNELL FL 32110

FILED  
02 SEP 25 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

825 Water Oak Road  
Suite, Apt. #, etc.

825 Water Oak Road  
Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

City & State

Bunnell, FL.

Bunnell, FL.

4. FEI Number

Applied For

☒ Not Applicable

Zip  
32110

Country  
USA

Zip  
32110

Country  
USA

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

CLARK, RONALD E ESQ  
501 ST JOHNS AVE  
PALATKA FL 32177

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$200.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WALL, SONDRA D  
RT 1 BOX 94-A  
BUNNELL FL 32110

STREET ADDRESS  
CITY-ST-ZIP  
825 Water Oak Road  
Bunnell, FL. 32110

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Sondra Wall* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

09-23-02 (386)-437-3724

Date

Daytime Phone #

CR2E003 (4/02)