

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90024 015 \*\*\*150.00

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**DOCUMENT # F08622**  
 1. Entity Name  
**MAGIC ACRES, INC.**

Principal Place of Business <b>% LAWRENCER HOOD</b> <b>5660 NE 56TH ST.</b> <b>HIGH SPRINGS FL 32643</b>	Mailing Address <b>% LAWRENCER HOOD</b> <b>5660 NE 56TH ST.</b> <b>HIGH SPRINGS FL 32643</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2053673** Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**HOOD, LAWRENCE**  
**1345 SW CEDAR COVE**  
**PT ST LUCIE FL 34986**

**7. Name and Address of New Registered Agent**  
 Name **Lawrence Hood**  
 Street Address (P.O. Box Number is Not Acceptable) **5660 NE 56 Street**  
 City **High Springs** **FL** Zip Code **32643**

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 *Lawrence Hood* **Lawrence Hood** DATE 1/5/02  
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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>HOOD, LAWRENCE</b> <b>1345 SW CEDAR COVE</b> <b>PT ST LUCIE FL 34986</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>HOOD JANICE</b> <b>1345 SW CEDAR COVE</b> <b>PT ST LUCIE FL 34986</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>Hood, Lawrence</b> <b>5660 NE 56 Street</b> <b>High Springs, FL 32643</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>Hood, Janice</b> <b>5660 NE 56 Street</b> <b>High Springs, FL 32643</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence Hood* **Lawrence Hood** DATE 1/5/02 DAYTIME PHONE # 454-8305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)