

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08622

1. Entity Name

MAGIC ACRES, INC.

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

01-09-2002 90024 015 ***150.00

Principal Place of Business

% LAWRENCER HOOD
5660 NE 56TH ST.
HIGH SPRINGS FL 32643

Mailing Address

% LAWRENCER HOOD
5660 NE 56TH ST.
HIGH SPRINGS FL 32643

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

1/5/02

(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, 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 PT
NAME HOOD, LAWRENCE
STREET ADDRESS 1345 SW CEDAR COVE
CITY-ST-ZIP PT ST LUCIE FL 34986 ☐ Delete

TITLE VS
NAME HOOD JANICE
STREET ADDRESS 1345 SW CEDAR COVE
CITY-ST-ZIP PT ST LUCIE FL 34986 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition
NAME Hood, Lawrence
STREET ADDRESS 5660 NE 56 Street
CITY-ST-ZIP High Springs, FL 32643

TITLE VS ☒ Change ☐ Addition
NAME Hood, Janice
STREET ADDRESS 5660 NE 56 Street
CITY-ST-ZIP High Springs, FL 32643

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/02

454-8305

0069693 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE