

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # F99000001801

1. Entity Name

MONEY MAGIC MANUFACTURING CO.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90074 015 \*\*\*150.00

Principal Place of Business Mailing Address  
4516 HWY 20 E STE 196 4516 HWY 20 E STE 196  
NICEVILLE FL 32578 NICEVILLE FL 32578-9755

2. Principal Place of Business 3. Mailing Address  
**8668 NAVARRE PKWY #108** **8668 NAVARRE PKWY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 108**

City & State City & State  
**NAVARRE, FL** **NAVARRE FL 32566**  
Zip Country Zip Country  
**32566 USA** **32566 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1951425 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DEREK, RICHARD  
648-1 ANCHORS STREET  
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name **WILLIAM WITKE**  
Street Address (P.O. Box Number is Not Acceptable)  
**648-1 ANCHORS STREET**  
City **FORT WALTON BEACH** FL Zip Code **32548**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/00**

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

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DEREK, RICHARD<br>1114 E. JOHN SIMS PKWY #317<br>NICEVILLE FL | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEREK, ROSALY<br>1114 E. JOHN SIMS PKWY #317<br>NICEVILLE FL   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMITH, DARLA J<br>648-1 ANCHORS ST.<br>FORT WALTON BEACH FL    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES.</b><br><b>WILLIAM WITKE</b><br><b>8668 NAVARRE PKWY #108</b><br><b>NAVARRE, FL 32566</b>    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DIRECTOR</b><br><b>WILLIAM WITKE</b><br><b>8668 NAVARRE PKWY #108</b><br><b>NAVARRE, FL 32566</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

*William Witke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-20-00**

Daytime Phone #

CR2E034 (9/99)