

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001801

1. Entity Name
MONEY MAGIC MANUFACTURING CO.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90040 037 ***163.75

Principal Place of Business
8668 NAVARRE PKWY
#108
NAVARRE FL 32566

Mailing Address
8668 NAVARRE PKWY
#108
NAVARRE FL 32566

2. Principal Place of Business
1900 HIGHWAY B7 SOUTH
Suite, Apt. #, etc.
"H"

3. Mailing Address
P.O. Box 6419
Suite, Apt. #, etc.

City & State
NAVARRE FL

City & State
NAVARRE, FL

Zip
32566

Country
SANTA ROSA

Zip
32566

Country
US

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
WITKE, WILLIAM
6481 ANCHORS STREET
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent
Name
DAVID HENTON
Street Address (P.O. Box Number is Not Acceptable)
1900, Hwy B7 SOUTH, Suite "H"
City
NAVARRE FL FL Zip Code
32566

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 DAVID HENTON, PRESIDENT DATE 3/21/01

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITKE, WILLIAM		NAME		
STREET ADDRESS	8668 NAVARRE PKWY, #108		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID HENTON		NAME		
STREET ADDRESS	7002 TURNBERRY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: DAVID HENTON, PRESIDENT DATE 3-21-01 DAYTIME PHONE # 850-936-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)