

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90060 038 ***150.00

DOCUMENT # F99000001801

1. Entity Name
MONEY MAGIC MANUFACTURING CO.

Principal Place of Business **Mailing Address**
~~1900 HIGHWAY 87 SOUTH~~ **4188 GULF BREEZE PKWY** **PO BOX 6419**
~~NAVARRE FL 32566~~ **GULF BREEZE, FL** **NAVARRE FL 32566**
32563

2. Principal Place of Business **3. Mailing Address**
4188 GULF BREEZE PKY **PO BOX 6419**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
GULF BREEZE, FL **NAVARRE, FL**
Zip **Country** **Zip** **Country**
32563 **USA** **32566** **USA**

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

HENTON, DAVID
1900 HIGHWAY 87 SOUTH
SUITE "H"
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name **DAVID HENTON, MANAGER**
Street Address (P.O. Box Number is Not Acceptable)
4188 GULF BREEZE PARKWAY
City **GULF BREEZE** **FL** **Zip Code** **32563**

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, MANAGER** **4-17-2002**
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **MANAGER** ☐ Delete
NAME **HENTON, DAVID**
STREET ADDRESS **7002 TURNBERRY CIRCLE**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **TONY JANSEN**
STREET ADDRESS **4188 GULF BREEZE PARKWAY**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BARRIE HARDING**
STREET ADDRESS **4188 GULF BREEZE PARKWAY**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, MANAGER** **1-28-2002 850-936-9201**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)