

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90032 008 ***550.00

DOCUMENT # **K56233**

1. Entity Name
MAGNOLIA GARDENS ESTATES, INC.



Principal Place of Business
**2216 SPRING HILL CT
OCALA FL 34471
US**

Mailing Address
**2216 SPRING HILL CT
OCALA FL 34471
US**



2. Principal Place of Business
905 SE 12th Street
Suite, Apt. #, etc.

3. Mailing Address
905 SE 12th Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number **59-2925549**

Applied For
 Not Applicable

Zip **34471** Country **USA**

Zip **34471** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELKES, FRANK R
2216 SPRING HILL CT
OCALA FL 34471**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank R. Elkes**

DATE **9/15/03**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELKES, FRANK R 2216 SPRING HILL CT OCALA FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANK R. ELKES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/15/03** DAYTIME PHONE # **352/368-2805**

DATE DAYTIME PHONE #

CR2E034 (4/03)

Attachment

80149116

K56233

9/15/03

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

Dear Sirs:

I PHYSICALLY MOVED TO MY NEW ADDRESS
- IN JUNE 2003 - THE REPORT FORM GOT PACKED
IN MOVING BOXES AND WAS NOT DISCOVERED
UNTIL NOW -

PLEASE DO NOT DISSOLVE MY CORPORATION
AND IF POSSIBLE PLEASE ACCEPT MY \$550.00
CHECK UNDER THE CIRCUMSTANCES - THIS HAS
NEVER HAPPENED BEFORE IN ALL THE YEARS
OF THE CORPORATION BEING .

Yours Sincerely,
Frank R. Elker
President/owner