

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

007676

DOCUMENT # K69111

1. Entity Name

TOUCH OF MAGIC SERVICES, INC.

00 MAY 11 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~991 ARDEN ST X~~
~~LONGWOOD FL 32730~~
US

~~991 ARDEN ST X~~
~~LONGWOOD FL 32730~~
US

2. Principal Place of Business

2925 Cornell Ave

3. Mailing Address

2925 Cornell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL 32804

City & State
Orlando, FL 32804

4. FEI Number

59-2931376

Applied For

Not Applicable

Zip
32804

Country
Orange

Zip
32804

Country
Orange

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

GOOGINS, DANIEL J.
2501 S. BUMBY AVE.
ORLANDO FL 32806

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.

SIGNATURE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PSTP~~ ☒ Delete
NAME ~~WELSH, MICHAEL D.~~
STREET ADDRESS ~~991 ARDEN ST~~
CITY-ST-ZIP ~~LONGWOOD FL~~

TITLE ☒ Change ☐ Addition
NAME Welsh, Michael D.
STREET ADDRESS PSTP
CITY-ST-ZIP 2925 Cornell Avenue
Orlando, FL 32804

TITLE ~~R~~ ☒ Delete
NAME ~~BARBER, ROBIN~~
STREET ADDRESS ~~991 ARDEN ST~~
CITY-ST-ZIP ~~LONGWOOD FL~~

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

TITLE ~~R~~ ☒ Delete
NAME ~~STEPHENS, RICHARD~~
STREET ADDRESS ~~2510 REEL AVE~~
CITY-ST-ZIP ~~ORLANDO FL~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)