

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82015

1. Entity Name  
**SALES MAGIC, INC.**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90199 019 \*\*\*150.00

Principal Place of Business  
**% ESTELLE FISH**  
**634 S. MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**

Mailing Address  
**% ESTELLE FISH**  
**634 S. MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**

2. Principal Place of Business  
**2019 CORPORATE DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**2019 CORPORATE DRIVE**  
Suite, Apt. #, etc.

City & State  
**BOYNTON BEACH, FL**

City & State  
**BOYNTON BEACH, FL**

4. FEI Number **65-0124562**

Applied For  
Not Applicable

Zip  
**33426**

Country  
**USA**

Zip  
**33426**

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

**FISH, ESTELLE**  
**634 S. MILITARY TRAIL**  
**DEERFIELD BEACH FL 33442**

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, 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 **V** ☐ Delete  
NAME **WALSHE, MICHAEL**  
STREET ADDRESS **634 S. MILITARY TRAIL**  
CITY-ST-ZIP **DEERFIELD BCH. FL**

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

TITLE **VP** ☐ Delete  
NAME **FISH, ESTELLE**  
STREET ADDRESS **634 S MILITARY TRAIL**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 or executor or administrator 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 another like approval.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/01

861 732563

CR2E034 (10/00)