

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90080 007 \*\*\*\*50.00

**DOCUMENT # L01000016882**

1. Entity Name

**MAJIC SERVICES, LC**



Principal Place of Business

**1301 RIVERPLACE BOULEVARD, SUITE 1609  
JACKSONVILLE FL 32207**

Mailing Address

**1301 RIVERPLACE BOULEVARD, SUITE 1609  
JACKSONVILLE FL 32207**

**10103372**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**370 15th Street South**

3. Mailing Address

**370 15th Street South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville Beach, FL**

City & State

**Jacksonville Beach, FL**

4. FEI Number

**01-6181673**

Applied For

Not Applicable

Zip  
**32250**

Country  
**USA**

Zip  
**32250**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEEK, EUGENE G III**

**1301 RIVERPLACE BOULEVARD, SUITE 1609  
JACKSONVILLE FL 32207**

Name

**Michael A. Johnston**

Street Address (P.O. Box Number is Not Acceptable)

**370 15th Street South**

City

**Jacksonville Beach,**

**FL**

Zip Code  
**32250**

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. **Michael A. Johnston**

SIGNATURE

*Michael A. Johnston*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PEEK, EUGENE G III 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE FL 32207</b>	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Michael A. Johnston 370 15th Street South Jacksonville Beach, Florida 32250</b>	<input type="checkbox"/> Change <input checked="" 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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**Michael A. Johnston, Manager**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**904-435-1040**

CR2E083 (10/02)