

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90020 029 ***550.00

DOCUMENT # L58246

1. Entity Name

MAGIC BLINDS AND SUN SOLUTIONS, INC.

Principal Place of Business

C/O MICHAEL R. MEAGHER
 2003 CARRINGTON DR.
 ORLANDO FL 32807

Mailing Address

C/O MICHAEL R. MEAGHER
 2003 CARRINGTON DR.
 ORLANDO FL 32807

2. Principal Place of Business

2205 Forsyth Rd

3. Mailing Address

2003 Carrington Dr

Suite, Apt. #, etc.

Ste B

Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando

Zip

32807

Country

Orange

Zip

32807

Country

Orange

6. Name and Address of Current Registered Agent

MEAGHER, MICHAEL R.
 2003 CARRINGTON DR.
 ORLANDO FL 32807

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☐ Delete
 NAME **D**
 MEAGHER, GAYLE
 STREET ADDRESS 2003 CARRINGTON DR.
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
 NAME **P**
 MEAGHER, MICHAEL
 STREET ADDRESS 2003 CARRINGTON DR.
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 NAME
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7/9/01

407 678 2336

Date

Daytime Phone #

CR2E034 (5/01)