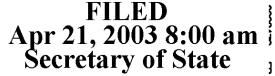
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P00000028960 **DOCUMENT #** 1. Entity Name DRIVEWAY MAGIC, INC.



04-21-2003 90344 034 ***150.00

Principal Place of Business 39076 US HIGHWAY NORTH TARPON SPRINGS FL 34689		Mailing Address 39076 US HIGHWAY NORTH TARPON SPRINGS FL 34689				81 1 8 11 8 1 8 11 8 8211	1 63 14 1 88 †
2. Principal Place of B	usinass	3. Mailing Address					
2. Trinopar Face of Edsiness		5. Walling Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number 59-3647330		ed For opplicable
Zip	Country	Zip	Country	5.		8.75 Addition	onal
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CANFIELD OTTOTALD				Name			
CANFIELD, STEVE		Stree		dress (P.O.	Box Number is Not Acceptable)		
39076 US HIGHWAY NORTH TARPON SPRINGS FL 34689							
TARFOR SPRINGS FL 34009			City			T	
					FL	Zip Code	
		or the purpose of changing its r	registered office or r	egistered a	agent, or both, in the State of Florida. I am fa	miliar with, an	d accept
the obligations of re	gistered agent.				•		
SIGNATURESignature, t	yped or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature	required wher	n reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to	May Be Fees
10.	OFFICERS AND				L ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS II	V 11
TITLE PD	OF FIGURE	Delete	TITLE	,			Addition 8
NAME CAVILL	, DAVID P		NAME				
STREET ADDRESS P.O. BO	DX 553 \ FL 34660		STREET ADDRESS				
	\ FL 34000		CITY-ST-ZIP			Change	Addition (
TITLE TITO	ELD, STEVEN R	☐ Delete	TITLE NAME		,	Grange	Audition 3
STREET ADDRESS 726 CH	iarlotte ave		STREET ADDRESS				
	N SPRINGS FL 34689		CITY-ST-ZIP				
TITLE VPS	NE DOIAN	☐ Delete	TITLE			Change	Addition
	INE, BRIAN IARBORVIEW DR		NAME STREET ADDRESS				
	IN FL 34698		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				· ·

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

☐ Delete

Delete

4/18/03 727-934-0039

Change

Change

Addition

☐ Addition