

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
 03-21-2001 90077 018 \*\*\*158.75

0408394

**DOCUMENT # P00000050616**

1. Entity Name  
**LIFE-WORKS MAGIC CORP.**

Principal Place of Business      Mailing Address  
**4389 IOLA DRIVE**      **4389 IOLA DRIVE**  
**SARASOTA FL 34231**      **SARASOTA FL 34231**

935533



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**ELN 65-1071730**      Not Applicable

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

**SCHIFINO, WILLIAM J**  
**201 N. FRANKLIN STREET**  
**SUITE 2700**  
**TAMPA FL 33602**

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. ☒  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D GREENSPAN, ALICE</b> <b>4389 IOLA DRIVE</b> <b>SARASOTA FL 34231</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Alice Greenspan* **Alice Greenspan** 1/3/01 941-927-7780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/00)