

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 006 ***150.00

DOCUMENT # P00000058872

1. Entity Name

MIRACULOUS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

45 A ATLANTIC OAKS CIR.

3. Mailing Address

P.O. BOX 3081

Suite, Apt. #, etc.

ST. AUGUSTINE, FLORIDA

Suite, Apt. #, etc.

ST. AUGUSTINE, FLORIDA

City & State

32080 USA

City & State

32085 USA

Zip

Country

Zip

Country

4. FEI Number

59-3052856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT L. MCKENZIE

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

45 A ATLANTIC OAKS CIRCLE

City

ST. AUGUSTINE

FL

Zip Code

32080

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ROBERT L. MCKENZIE

P.O. BOX 3081

ST. AUGUSTINE, FL. 32085

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ELAINE G. WANERKA

P.O. BOX 3081

ST. AUGUSTINE, FL. 32085

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. McKenzie

PRESIDENT

ROBERT L. MCKENZIE

4/26/02

(904) 814-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)