

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089075

1. Entity Name

MAGEE DEVELOPMENT INTERNATIONAL CORP.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90347 027 ***150.00

Principal Place of Business

4620 BAY BLVD NO 1131
PORT RICHEY FL 34668

Mailing Address

23 EAST TARPON AVE
TARPON SPRINGS FL 34689

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4620 BAY BLVD.

Suite, Apt. #, etc.

APT. 1131

City & State

PORT RICHEY, FL 34668

Zip

Country

4. FEI Number

59-3672529

Applied For

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

KLIMIS, GEORGE N
23 EAST TARPON AVE
TARPON SPRINGS FL 34689

Name

MAGEE, WILLIAM J.

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

4620 BAY BLVD.

APT. 1131

City

PORT RICHEY,

FL

Zip Code

34668

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 use 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 \$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 ☐ Delete
NAME D
STREET ADDRESS MAGEE, WILLIAM J
CITY-ST-ZIP 4620 BAY BLVD NO 1131
PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME D/P/S/T
STREET ADDRESS MAGEE, WILLIAM J.
CITY-ST-ZIP 4620 BAY BLVD., APT. 1131
PORT RICHEY, FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *x William J Magee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. MAGEE

Date Daytime Phone #

CR2E034 (10/00)