

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90658 005 ***150.00

DOCUMENT # P01000058500

1. Entity Name
MAG CLIP CORP

Principal Place of Business
 2681 AIRPORT ROAD SOUTH
 NAPLES FL 34112
 US

Mailing Address
 2681 AIRPORT ROAD SOUTH
 NAPLES FL 34112
 US



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

65-1112491

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

PITKIN, JERALD R ESQUIRE
801 ANCHOR RODE DRIVE
SUITE 203
NAPLES FL 34112

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 \$150.00
After May 1, 2002 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 P ☐ Delete
NAME HUNLOCK, HOWARD
STREET ADDRESS 225 GROSBEAK LANE
CITY-ST-ZIP NAPLES FL 34112

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

TITLE V ☒ Delete
NAME MARTIN, JOHN R
STREET ADDRESS 1925 TRADE CENTER WAY
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS JOYCE, JAMES
CITY-ST-ZIP 2174 MORNING SUN LANE
 NAPLES FL 34119

TITLE ST ☒ Delete
NAME JOYCE, JAMES
STREET ADDRESS 2174 MORNING SUN LANE
CITY-ST-ZIP NAPLES FL 34119

TITLE ☐ Change ☒ Addition
NAME SECRETARY / TREASURER
STREET ADDRESS PITKIN, JERALD
CITY-ST-ZIP 801 ANCHOR RD DRIVE
 NAPLES FL 34112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 941-795-2669

Date

Daytime Phone #

CR2E034 (9/01)