2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

05-21-2002 91113 033 ***150.00

DOCUMENT # 1. Entity Name MAGMA FOURTER	POLODO081897 U	_
Principal Place of Business	Mailing Address	

300 N COUNTREY PICKY -300 N COURTNEY PKWY MERRITT ISLAND FL 32953 14 CARMANT ST US COCOA FL32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc.

City & State City & State

Country

Name

(NOTE: Registered Agent signature required when reinstating)

DO NOT WRITE IN THIS SPACE 4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Applied For Not Applicable

6. Name and Address of Current Registered Agent

Country

MERRITT ISLAND FE 32953 CECE & BONCH, FOR 3093 L

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

Zip Code

FL

\$8.75 Additional

Fee Required

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 it, ped or printed name of registered agent and interil applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

HARDICK, RUDOLPH

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

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01 PD ☐ Delete TITLE ☐ Change Addition TITLE NAME HARDICK, RUDOLPH 1515 5 ATLANTIC CR2E034 STREET ADDRESS STREET ADDRESS 300 N COURTNEY PKWY CITY-S1-ZIP CITY-ST-ZIP Delete Addition TITLE NAME NAME STREET ADDRESS COURSE APPRIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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 it 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.