

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90256 017 ***150.00

DOCUMENT # P01000082482

1. Entity Name
MAJIC CORP.



Principal Place of Business
~~418-63 AVENUE SOUTH~~
~~ST PETERSBURG FL 33705~~

Mailing Address
~~418-63 AVENUE SOUTH~~
~~ST PETERSBURG FL 33705~~

2. Principal Place of Business

3. Mailing Address

3201 Trident Terr. 3201 Trident Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Port Richey FL

City & State
New Port Richey FL

Zip
34652

Country
USA

Zip
34652

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3741904

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

CONNER, JERRY L
~~418-63 AVENUE SOUTH~~
~~ST PETERSBURG FL 33705~~

3201 Trident Terr.
New Port Richey, FL
34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

4/26/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CONNER, JERRY L
STREET ADDRESS ~~418-63 AVENUE SOUTH~~
CITY-ST-ZIP ~~ST PETERSBURG FL 33705~~

TITLE ☐ Change ☐ Addition
NAME Address change only
STREET ADDRESS 3201 Trident Terrace
CITY-ST-ZIP New Port Richey, FL 34652

TITLE D ☐ Delete
NAME LAURINO, MARIE L
STREET ADDRESS 3201 TRIDENT TERR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

04/26/03

727-744-8847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)