

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90118 033 \*\*\*150.00

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**DOCUMENT # P02000006688**

1. Entity Name  
**MAGIC DEVELOPMENT, INC.**



Principal Place of Business  
1977 DUNDEE DRIVE  
WINTER PARK FL 32792

Mailing Address  
PO BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business  
**7050 Aloma Avenue**

3. Mailing Address  
**7050 Aloma Avenue**

Suite, Apt. #, etc.  
Suite 1100

Suite, Apt. #, etc.

City & State  
**Winter Park**

City & State  
**Winter Park**

4. FEI Number  
**80-0032208**

Applied For  
Not Applicable

Zip Country  
**32792 USA**

Zip Country  
**32792 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLA INC.**  
**390 NORTH ORANGE AVENUE SUITE 1100**  
**ORLANDO FL 32801**

Name **Shane L. Acevedo**

Street Address (P.O. Box Number is Not Acceptable)  
**7050 Aloma Avenue**

City **Winter Park** **FL** Zip Code **32792**

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 *Shane L. Acevedo* **Shane L. Acevedo** **4/18/03**  
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 **ACEVEDO, SHANE L**  
STREET ADDRESS **1977 DUNDEE DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **P, S, T** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RUSSO, ANDREW W**  
STREET ADDRESS **1977 DUNDEE DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VP** ☐ 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

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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)