

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90309 026 ***150.00

DOCUMENT # *PO 20000 30322*

1. Entity Name

MAGGIE D INC.



DO NOT WRITE IN THIS SPACE

94056025

2. Principal Place of Business

1379 SHADY KNOLL CT

Suite, Apt. #, etc.

3. Mailing Address

1379 SHADY KNOLL CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD

City & State

LONGWOOD FL

4. FEI Number

30-0071715 251012

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USF

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RONALD C. HOMAN

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

1379 SHADY KNOLL CT

City

LONGWOOD

FL

Zip Code

32750

**DO NOT WRITE
IN THIS SPACE**

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

Ronald C. Homan

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

(NOTE: Registered Agent signature required when reinstating)

4.13.04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
RONALD C. HOMAN
1379 SHADY KNOLL CT
LONGWOOD, FL 32750*

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald C. Homan **RONALD C. HOMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.13.04 *407.332.8704*

Date

Daytime Phone #

CR2E034B (12/02)