

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0104388
AV

DOCUMENT # P02000046201

1. Entity Name
MAGDALENA ENTERPRISES, INC.



FILED

03 OCT 28 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4648 DELEON ST. J256
FT. MYERS FL 33907

Mailing Address
4648 DELEON ST. J256
FT. MYERS FL 33907



2. Principal Place of Business

3. Mailing Address

3202 AUBURN PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GULF BREEZE

Zip

Country

Zip

Country

32563 USA

REINSTATEMENT

4. FEI Number 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

EDWARDS, DIAN M
1842 40TH TERR. SW
NAPLES FL 34116

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PRG. MARIA M LOPEZ 4648 DELEON ST J256 FT MYERS FL 33907 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200024205502 10/28/03--01045--017 **750.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)