

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90169 037 \*\*\*150.00

**DOCUMENT # P02000058615**

**1. Entity Name**  
**MAGIC TOUCH DOG TRAINING AND CONSULTING INC.**



**Principal Place of Business**

**221 9TH ST. S.**  
**NAPLES FL 34102**

**Mailing Address**

**221 9TH ST. S.**  
**NAPLES FL 34102**

**2. Principal Place of Business**

**ONTARIO**

**3. Mailing Address**

**2881 22nd Ave. S.E.**

**Suite, Apt. #, etc.**

**City & State**

**NAPLES FLA.**

**Zip**

**CANADA**

**Country**

**34117**

**City & State**

**USA**

**4. FEI Number**

**(NOTES ATTACHED)**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**RELIC, TOM M**

**221 9TH ST. S.**

**NAPLES FL 34102**

**2881 22nd Ave. S.E.**  
**NAPLES, FLA. 34117.**

**7. Name and Address of New Registered Agent**

**Name**

**Tom Relic**

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

**2881 22nd Ave. S.E.**

**City**

**NAPLES**

**FL**

**Zip Code**

**34117**

**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]*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**01.08.03**

**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**

**TITLE** **OWNER** ☐ Delete  
**NAME** **Tom Relic**  
**STREET ADDRESS** **2881 22nd Ave. S.E.**  
**CITY-ST-ZIP** **NAPLES, FLA. 34117.**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **Address HAS changed**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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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:**

**01.08.03 348-BARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment##

80050564  
P02000058615

IRS 1-866-816-2065  
FAX 631-447-8960  
BUS. Philadelphia (215) 516-6999  
FAX (215) 516-3990