

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

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90078 005 ***150.00

DOCUMENT # *P03000 144609*

1. Entity Name

MAGIC WAND SERVICES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1006 LAKE AVE

Suite, Apt. #, etc.

3. Mailing Address

1006 LAKE AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EDGEWATER FL.

City & State

EDGEWATER FL.

4. FEI Number

20-0405893

Applied For

Not Applicable

Zip

32132

Country

VOLUSIA

Zip

32132

Country

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN M. DIDRENCE

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

1006 LAKE AVE

EDGEWATER

City

EDGEWATER

FL

Zip Code

32132

**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

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

(NOTE: Registered Agent signature required when reinstating)

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

P/T/S

JOHN M. DIDRENCE

1006 LAKE AVE

EDGEWATER FL. 32132

TITLE

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STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:

John M. Didrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04
Date

*(386)
428-3729*
Daytime Phone #

CR2E034B (12/02)