

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007044

1. Entity Name

MAGIC LANDSCAPES, INC.

Principal Place of Business

2680 CASE ROAD  
LABELLE FL 33935

Mailing Address

PO BOX 1444  
LABELLE FL 33935  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

33935

Country

4. FEI Number 65-0407587

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, JOHN J  
150 S. MAIN ST., SUITE 3  
LABELLE FL 33935

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME PERKINS, DAVID  
STREET ADDRESS 2680 CASE ROAD  
CITY-ST-ZIP LABELLE FL

TITLE VST  
NAME PERKINS, CONNIE M  
STREET ADDRESS 2680 CASE ROAD  
CITY-ST-ZIP LABELLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33935

TITLE Director  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie Perkins Connie Perkins 04-24-01 863-675-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
May 02, 2001 8:00 am  
Secretary of State  
05-02-2001 90184 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)