

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057473

1. Entity Name

MAGIC BY CARL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90250 040 ***150.00

Principal Place of Business

2519 OLD VINELAND ROAD
KISSIMMEE FL 34746
US

Mailing Address

1962 GAMBOGE DR
ORLANDO, FL 32822-8347
US

2. Principal Place of Business

3831 W. Vine St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

63

City & State

Kissimmee, FL

City & State

Zip

34746

Country

USA

Zip

Country

4. FEI Number

59-3198538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, EARNEST C JR
2519 OLD VINELAND ROAD
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name: Earnest C. Fowler Jr

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

3831 W. Vine St # 63

City

Kissimmee

FL

Zip Code

34746

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

4-11-00

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, 2000 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 PD ☐ Delete
NAME FOWLER, EARNEST C JR
STREET ADDRESS 2519 OLD VINELAND ROAD
CITY-ST-ZIP KISSIMMEE FL 32746

TITLE STD ☐ Delete
NAME FOWLER, BARBARA A
STREET ADDRESS 2519 OLD VINELAND ROAD
CITY-ST-ZIP KISSIMMEE FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Earnest C. Fowler Jr ☒ Change ☐ Addition
NAME
STREET ADDRESS 3831 W Vine St # 63
CITY-ST-ZIP Kissimmee, FL 34746

TITLE Barbara A Fowler ☒ Change ☐ Addition
NAME
STREET ADDRESS 3831 W Vine St # 63
CITY-ST-ZIP Kissimmee, FL 34746

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

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

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 870-8890

CR2F034 (9/99)