

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084815

1. Entity Name

MAGIC FINANCIAL SERVICES, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90216 033 \*\*\*158.75

0047452

Principal Place of Business

280 SCR 427  
STE 100  
LONGWOOD FL 32750  
US

Mailing Address

103 COMMERCE STREET, STE. 100  
LAKE MARY FL 32741

755769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3454366

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOGIE & SCHULMAN  
706 TURNBULL AVE  
#203  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name Steven W. Moreira  
Street Address (P.O. Box Number is Not Acceptable) 280 County Rd 427 South Ste 100  
City Longwood FL Zip Code 32750

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	D	<input type="checkbox"/> Delete
NAME	MOREIRA, STEVEN	
STREET ADDRESS	103 COMMERCE ST., STE. 100	
CITY-ST-ZIP	LAKE MARY FL 32741	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MEE, LINDA	
STREET ADDRESS	344 E RIDGEWOOD ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	ZUCCHI, TERRI	
STREET ADDRESS	126 TRIPLE H LAKE DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	<input checked="" type="checkbox"/> Addition
NAME	Moreira Steven	
STREET ADDRESS	280 CA 427 Ste 100	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)