

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-27-2003 90049 041 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034066

1. Entity Name
Magic Movers of Florida Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3404 Orchard Wood Rd.

3. Mailing Address
3404 Orchard Wood Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Panama City, FL

City & State
Panama City, FL

4. FEI Number
59-3312475

Applied For
☐ Not Applicable

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

Zip
32405

Country
U.S.A.

Zip
32405

Country
U.S.A.

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jerry Edwards

Street Address (P.O. Box Number is Not Acceptable)
3404 Orchard Wood Rd.

City & State
Panama City, FL

Zip Code
32405

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 Jerry Edwards DATE 6/23/03

(NOTE: Registered Agent signature required when re-appointing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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	<u>President</u> <u>Jerry W Edwards Jr</u> <u>3404 Orchard Wood Rd.</u> <u>Panama City, FL 32405</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>L. Renee Fulghum</u> <u>3731 Danville Rd SW</u> <u>Decatur, AL 35603</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Gerald M. Towers</u> <u>1718 Palmetto Ave</u> <u>Panama City, FL 32401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sargent at Arms</u> <u>Jerry R. Hall</u> <u>1718 Palmetto Ave.</u> <u>Panama City, FL 32401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sargent at Arms</u> <u>Cliffon W. Towers</u> <u>338 Mercedes Ave.</u> <u>Panama City, FL 32401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Edwards DATE 6/25/03 850-742-6667

(Date) (Daytime Phone #)

CR2E034B (12/02)