

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED

03 OCT -3 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 950000 34066**

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**

City & State  
**Panama City**

City & State  
**Panama City**

4. FEI Number  
**593312476**

Applied For  
Not Applicable

Country  
**BLAY**

Country  
**BLAY**

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

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  
**Panama City**

FL Zip Code  
**32405**

**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  
**Jerry Edwards President**

DATE  
**9/13/03**

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  
**President  
Jerry W. Edwards Jr.  
3404 Orchard Wood Rd.  
Panama City, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**900023521789  
10/02/03--01084--009 \*\*61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
William R. Fulghum  
3731 Danville Rd. SW  
Decatur, AL 35603**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Gerald Jowers  
1718 Palmetto Ave.  
Panama City, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: **Jerry Edwards** **Jerry Edwards** **9/29/03** **850-747-0667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 10/3