

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90219 010 ***150.00

DOCUMENT # P95000071485

1. Entity Name
MAGLEV 2000 OF FLORIDA CORPORATION



Principal Place of Business
**6995 TICO ROAD
TITUSVILLE FL 32780
US**

Mailing Address
**867 WENDT TERRACE
C/O T.R. WAGNER
LAGUNA BEACH CA 92651**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0655240**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DANBY, GORDON	
STREET ADDRESS	126 SOUND ROAD	
CITY-ST-ZIP	WADING RIVER NY 11792	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, JAMES DR.	
STREET ADDRESS	9 SOUNDVIEW DRIVE	
CITY-ST-ZIP	SHOREHAM NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORENA, JOHN	
STREET ADDRESS	4540 SANDPEBBLE TRACE #104	
CITY-ST-ZIP	STUART FL-34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGNER, THOMAS R	
STREET ADDRESS	867 WENDT TERRACE	
CITY-ST-ZIP	LAGUNA BEACH CA 92651	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 23, 2003 949 494 3346
Date Daytime Phone #

CR2E034 (10/02)