

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90396 018 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000097944
1. Entity Name
Magic Optical Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6200 Silver Star Rd.
Suite, Apt. #, etc.

3. Mailing Address
6200 Silver Star Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, Fla.

City & State
Orlando, Fla.

4. FEI Number
59-3416050

Applied For
☒ Not Applicable

Zip
32808

U.S.A.

Zip
32808

Country
U.S.A.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Neil Sherwood

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

6200 Silver Star Rd.

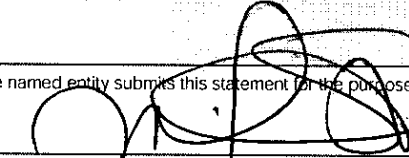
City
Orlando

FL

Zip Code
32808

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



Neil Sherwood

5-1-02

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Neil Sherwood 32808
6200 Silver Star Rd. Orl, Fla.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Sherwood

5-1-02

(407) 296-9500

Date

Daytime Phone #

CR2E034B (12/01)