

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90137 040 ***150.00

0578965 AV

DOCUMENT # P96000012530

1. Entity Name
MAGIC WINDOW WASHING, INC.



Principal Place of Business
23028 DOVER DR
LAND O LAKES FL 34639
US

Mailing Address
23028 DOVER DR
LAND O LAKES FL 34639
US



2. Principal Place of Business **18078 Villa Creek Dr** **3. Mailing Address** **18078 Villa Creek Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip **33647** **Country** **USA**

Zip **33647** **Country** **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLACE, JENNIFER
23028 DOVER DRIVE
LAND O LAKES FL 34639

Name **Jennifer Place**
Street Address (P.O. Box Number is Not Acceptable) **18078 Villa Creek Dr**
City **Tampa** **FL** **Zip Code** **33647**

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 **Jennifer Place**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PLACE, JOSEPH L**
STREET ADDRESS **23028 DOVER DR**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **D** ☒ Change ☐ Addition
NAME **Place, Joseph L**
STREET ADDRESS **18078 Villa Creek Dr**
CITY-ST-ZIP **Tampa FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Joseph L Place** **4-23-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813 833-3416

Daytime Phone #

CR2E034 (10/02)