FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-30-2003 90118 032 ***150.00

DOCUMENT # P96000037715

1. Entity Name
Magic Transportation Services, Inc.

DO NOT WRITE IN THIS SPACE

100116116 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
133 Seaside Ave.	133 Seaside Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo, Fl.	City & State: Key largo, Fl.
Zip: 33037 Country: usa	Zip: 33037 Country: USA

4. FEI Number: 59-3371211 ☐ Applied For ☐ Not Applicable

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: Stefanie Woods

Street Address (P.O. Box Number is Not Acceptable): 133 Seaside Ave.

City: Key largo FL Zip Code: 33037

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: _____ 1/21/3
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: D, P NAME: Thomas Woods STREET ADDRESS: 133 Seaside Avenue CITY-ST-ZIP: Key Largo Fl. 33037	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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: _____ 1/28/3 904-356-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #