

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049010

1. Entity Name

MAGIC REPORTING, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90010 001 ***150.00

Principal Place of Business

424 ANDERSON COURT
SUITE C
ORLANDO FL 32801
US

Mailing Address

P.O. BOX 2007
ORLANDO FL 32802-2007

LUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1438 Belle Vista Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Same as above

4. FEI Number 59-3383267

Applied For

Not Applicable

Zip
32809

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBLOOM, APRIL H
5220 LAKE MARGARET DR. #1007
ORLANDO FL 32812

Same →
new →

7. Name and Address of New Registered Agent

Name April H. Rosenbloom
Street Address (P.O. Box Numbers Not Acceptable)
1438 Belle Vista Drive
City Orlando FL 32809

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

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

APRIL Rosenbloom

(NOTE: Registered Agent signature required when reinstating)

4-3-00

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D
NAME ROSENBLOOM, APRIL H
STREET ADDRESS 424 ANDERSON COURT, SUITE C
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE PVST
NAME ROSENBLOOM, APRIL H
STREET ADDRESS 424 ANDERSON COURT, SUITE C
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D APRIL H. Rosenbloom ☒ Change ☐ Addition
NAME 1438 Belle Vista Drive
STREET ADDRESS Orlando FL 32809
CITY-ST-ZIP

TITLE PVST
NAME APRIL H. Rosenbloom ☒ Change ☐ Addition
STREET ADDRESS 1438 Belle Vista Drive
CITY-ST-ZIP Orlando FL 32809

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

APRIL Rosenbloom

Date

Daytime Phone #

407 251-7121