## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 29, 2000 8:00 am Secretary of State DOCUMENT # P96000102441 SOME ARE MAGIC, INC. 02-29-2000 90180 024 \*\*\*150.00 Principal Place of Business Mailing Address 3031 N. ROOSEVELT BLVD. 3031 N. ROOSEVELT BLVD. KEY WEST FL 33040 KEY WEST FL 33040-4015 2. Principal Place of Business 3. Mailing Address 18 EMERALD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0718109 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired modroE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEIBER, NETA L Street Address (P.O. Box Number is Not Acceptable) 9705 OVERSEAS HIGHWAY MARATHON FL 33050 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition PENNIGAR, CHARLES M NAME STREET ADDRESS STREET ADDRESS 18 EMERALD DR CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete TITLE Change Addition NAME PENNIGAR, LINDA G NAME STREET ADDRESS STREET ADDRESS 18 EMERALD DR CITY-ST-ZIE CITY-ST-ZIP KEY WEST FL 33040 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CHARLES M. PENNIGAR

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:97(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.