

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P97000018673**

1. Entity Name

HOMAGIC TECHNOLOGIES INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90072 041 ***150.00

Principal Place of Business

Mailing Address

**1000 NORTH US HWY ONE
SUITE 629
JUPITER FL 33477****1000 NORTH US HWY ONE
SUITE 629
JUPITER FL 33477****00021502**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8 CRANES NEST

3. Mailing Address

8 CRANES NEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEWALL'S POINT, FL

City & State

SEWALL'S POINT, FL

4. FEI Number

65-0732086

Applied For

Not Applicable

Zip

34996

Country

Zip

34996

Country

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

**STEPHAN, RICK
1000 NORTH US HWY ONE
SUITE 629
JUPITER FL 33477**

Name

STEPHAN, RICK

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

8 CRANES NEST

City

SEWALL'S POINT FL

Zip Code

34996

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

2-15-019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHAN, RICK	NAME	STEPHAN, RICK
STREET ADDRESS	1000 N US HWY ONE, STE 629	STREET ADDRESS	8 CRANES NEST
CITY-ST-ZIP	JUPITER FL 33477	CITY-ST-ZIP	SEWALL'S POINT, FL 34996
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

561-221-3315

Daytime Phone #

CR2E034 (10/00)