


**03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**AMENDED UBR
FILED**

DOCUMENT # P97000108424	
1. Entity Name MAGIC POOL SERVICE, INC.	

03 MAY 21 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000020323080
06/03/03--01007--024 **\$61.25

2. Principal Place of Business 244 Celebration Blvd. Suite, Apt. #, etc.	3. Mailing Address 244 Celebration Blvd. Suite, Apt. #, etc.
City & State Celebration, FL Zip 34747 Country	City & State Celebration, FL Zip 34747 Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3493651	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name John P. Oliver Street Address (P.O. Box Number is Not Acceptable) 244 Celebration Blvd. City Celebration FL Zip Code 34747	

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

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 NAME STREET ADDRESS CITY-ST-ZIP	Susan R. Oliver D, P, T 244 Celebration Blvd. Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John P. Oliver D, S. 244 Celebration Blvd. Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Susan R. Oliver as Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03
Date

Daytime Phone #

CR2E034B (12/02)

21 5/22

Attachment

TRANSMITTAL LETTER

TO:
Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

SUBJECT: **AMENDED** UNIFORM BUSINESS REPORT (UBR)
FOR: MAGIC POOL SERVICE, INC.
DOC. #: P97000108424

Enclosed is an Amended Uniform Business Report (UBR) for the above referenced corporation and a firm trust account check in the amount for: \$61.25.

☒ \$61.25
Filing Fee

FROM:
Kenneth B. Thomson, P.A.
Attorney and Counselor at Law
101 Southhall Lane, Suite 400
Maitland, FL 32751

Phone: (407) 667-4888
Fax: (407) 388-0040

Dated: May 15, 2003