

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012898

1. Entity Name

MAGICAL MAIDS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90074 004 ***158.75

Principal Place of Business

Mailing Address

913 BRUNSWICK PLACE
ROCKLEDGE FL 32955

913 BRUNSWICK PLACE
ROCKLEDGE FL 32955-4046

2. Principal Place of Business

3. Mailing Address

563 BARTON BLVD

563 BARTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#19

#19

City & State

City & State

ROCKLEDGE FL

ROCKLEDGE FL

Zip

Zip

Country

Country

32955

USA

32955

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0811626

Applied For

Not Applicable

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

GREGORY, VICKI
913 BRUNSWICK PL
ROCKLEDGE FL 32955

Name

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

City

FL

Zip Code

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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GREGORY, VICKI
STREET ADDRESS 913 BRUNSWICK PLACE
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME GREGORY, JOHN
STREET ADDRESS 913 BRUNSWICK PLACE
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ Delete

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 321-633-0704

CR2E034 (9/99)