## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000012912** 1. Entity Name

## MICA MAGIC OF SOUTHWEST FLORIDA, INC.

Country Sarasota

6. Name and Address of Current Registered Agent

Principal Place of Business 1060 Endeavor Ct. Suite, Apt. #, etc.

DORIA, JOSEPH J

531 W BAFFIN DRIVE VENICE FL 34293

City & State

Nokomis, FL

Principal Place of Business Mailing Address COLONIA: LANE 602 COLONIA LANE NOKOMIS FL 34275-2725 FL 34275

3. Mailing Address P.O. Box 1023

Suite, Apt. #, etc.

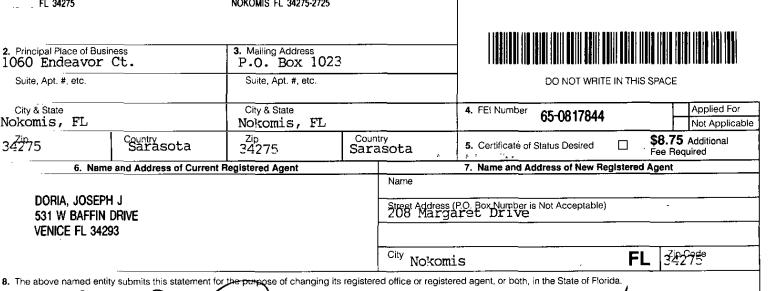
City & State

Nokomis,

Zip 34275

**FILED** May 04, 2000 8:00 am Secretary of State

05-04-2000 90023 021 \*\*\*150.00



SIGNATURE (NOTE: Registered Agent signature required when reinstating) -FILE NOW!!! FEE-IS-\$150.00\_\_\_ 9. This corporation is eligible to satisfy its Int 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D, Pres. ☐ Delete TITLE TITLE Doria, Joseph J DORIA, JOSEPH J NAME STREET ADDRESS 208 Margaret Dřive 531 W BAFFIN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VENICE FL 34293 Nokomis, FL 1st VP XX Addition ☐ Channe TITLE ☐ Delete NAME Charles DiMonda NAME STREET ADDRESS STREET ADDRESS 1790 Palm Drive CITY-ST-7IP <u>Venice, FL 34293</u> 2nd VP CITY-ST-ZIP XX Addition Delete ☐ Change TITLE TITLE Vincent Doria NAME NAME STREET ADDRESS 208 Margaret Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Nokomis, FL 34275 XX Addition ☐ Delete TITLE Sec/Tres ☐ Change TITLE NAME Paula Doria STREET ADDRESS STREET ADDRESS 208 Margaret Dřive CITY-ST-ZIP CITY-ST-ZIP Nokomis, FL 34275 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE TITLE Change Addition · Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP

Country

Sarasota

Name

13. I hereby certify that the information supplied with this filling 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: