

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90023 021 ***150.00

DOCUMENT # P98000012912

1. Entity Name

MICA MAGIC OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

**COLONIA LANE
 FL 34275**

**602 COLONIA LANE
 NOKOMIS FL 34275-2725**

2. Principal Place of Business
1060 Endeavor Ct.

3. Mailing Address
P.O. Box 1023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Nokomis, FL

City & State
Nokomis, FL

4. FEI Number
65-0817844

Applied For
 Not Applicable

Zip
34275

Country
Sarasota

Zip
34275

Country
Sarasota

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

**DORIA, JOSEPH J
 531 W BAFFIN DRIVE
 VENICE FL 34293**

Name

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

City
Nokomis

FL

Zip Code
34275

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DORIA, JOSEPH J	
STREET ADDRESS	531 W BAFFIN DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doria, Joseph J	
STREET ADDRESS	208 Margaret Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles DiMonda	
STREET ADDRESS	1790 Palm Drive	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent Doria	
STREET ADDRESS	208 Margaret Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE	Sec/Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Doria	
STREET ADDRESS	208 Margaret Drive	
CITY-ST-ZIP	Nokomis, FL 34275	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

CR2E034 (9/99)