

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000087007**1. Entity Name
ITSMAGIC, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90266 022 ***150.00

Principal Place of Business
**1505 S.E. 40TH ST.,STE.C
CAPE CORAL FL 33904**Mailing Address
**1505 S.E. 40TH ST.,STE.C
CAPE CORAL FL 33904**2. Principal Place of Business
2356 CAMBRIDGE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State

Zip
34232

Country

Zip

Country

4. FEI Number **65-0869288**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****AMBURN, JAMES W
1505 S.E. 40TH STREET., SUITE C
CAPE CORAL FL 33904****7. Name and Address of New Registered Agent**

Name

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

City

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 re-appointing)

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, 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	SUSCHKA, MATHIAS	1505 S.E. 40TH ST.,STE.C	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>
STD	SUSCHKA, MONIKA	1505 S.E. 40TH ST.,STE.C	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	SUSCHKA, MATTHIAS	2356 CAMBRIDGE DR	SARASOTA, FL 34232	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STD	SUSCHKA, MONIKA	2356 CAMBRIDGE DR	SARASOTA, FL 34232	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Matthias Suschka

Date

04/04/01

Daytime Phone #

941-549-9499

CR2E034 (10/00)