

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088423

1. Entity Name
MAGMA CONSTRUCTION, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90033 023 ***150.00

0480774

Principal Place of Business
**5100 W COLONIAL DR
#134
ORLANDO FL 32808**

Mailing Address
**5100 W COLONIAL DR
#134
ORLANDO FL 32808**

C0021478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5100 W. COLONIAL DR

3. Mailing Address
5100 W. COLONIAL DR.

Suite, Apt. #, etc.
#134

Suite, Apt. #, etc.
#134

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

4. FEI Number **59-3539342**

Applied For
Not Applicable

Zip
32808

Country
USA

Zip
32808

Country
USA

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

**THOMAS, MICHAEL
5100 W COLONIAL DR
ORLANDO FL 32808**

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 **MICHAEL THOMAS**

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

2/14/01

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
THOMAS, MICHAEL
5100 W COLONIAL DR #134
ORLANDO FL 32808** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: **MICHAEL THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

Daytime Phone #

2/14/01 407-9243073

CR2E034 (10/00)