

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90023 003 ***150.00

DOCUMENT # P98000088423

1. Entity Name
MAGMA CONSTRUCTION, INC.

Principal Place of Business

5100 W COLONIAL DR
#134
ORLANDO FL 32808

Mailing Address

5100 W COLONIAL DR
#134
ORLANDO FL 32808

2. Principal Place of Business

11020 PEMBROKE RD #138
Suite, Apt. #, etc.

3. Mailing Address

11020 PEMBROKE RD
Suite, Apt. #, etc.
#138

City & State

MIRAMAR FL 33025

City & State

MIRAMAR FL

4. FEI Number

59-3539342

Applied For

Not Applicable

Zip

33025

Country

BROWARD

Zip

33025

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MICHAEL
5100 W COLONIAL DR
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/02

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, 2002 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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **MICHAEL THOMAS**
STREET ADDRESS **11020 PEMBROKE RD #138**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **POLLYANNA SCHOBBERG**
STREET ADDRESS **11020 PEMBROKE RD #138**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 #

4/3/02

CR2E034 (9/01)