2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088423

1. Entity Name
MAGMA CONSTRUCTION, INC.

80087345

Principal Place of Business	Mailing Address
11020 PEMBROKE ROAD #138 MIRAMAR, FL 33025	11020 PEMBROKE ROAD #138 MIRAMAR, FL 33025

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3539342** | Applied For / Not Applicable

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 THOMAS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 11020 PEMBROKE Rd # 138 City MIRAMAR FL Zip Code 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 4/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME THOMAS, MICHAEL STREET ADDRESS 11020 PEMBROKE ROAD #138 CITY-ST-ZIP MIRAMAR, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME SCHOBERG, POLLYANNA STREET ADDRESS 11020 PEMBROKE ROAD #138 CITY-ST-ZIP MIRAMAR, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/1/03 954-818-1692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #