

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90141 013 ***150.00

DOCUMENT # **P98000094142**

1. Entity Name
MAGIC AUTO SERVICES, INC.

Principal Place of Business: **VERNA JACKSONVILLE FL 32205**
 Mailing Address: **12214 SOUTH SPINEY RIDGE DRIVE JACKSONVILLE FL 32225-1623**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3801 Whitehall ST**
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State: **Jacksonville FL**
 Zip: **32206**

4. FEI Number: **59-3541818**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
THAMES, RICHARD R
121 W. FORSYTH STREET
SUITE 600
JACKSONVILLE FL 32202

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: *[Handwritten 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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	D WOODS, THOMAS E 12214 SOUTH SPINEY RIDGE DRIVE JACKSONVILLE FL 32225
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS _____
<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____

CR2E034 (9/99)