

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90119 021 ***150.00

DOCUMENT # P98000094142

1. Entity Name
MAGIC AUTO SERVICES, INC.

Principal Place of Business 3801 WHITCHELL ST JACKSONVILLE FL 32208 US	Mailing Address 12214 SOUTH SPINEY RIDGE DRIVE JACKSONVILLE FL 32225
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3541818	Applied For <input type="checkbox"/> Not Applied For
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

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 Thomas Woods
 Street Address (P.O. Box Number is Not Applicable)
12214 Spiney Ridge
 City Jacksonville Zip Code 32225

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] DATE: 4/26/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$850.00
 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	<input type="checkbox"/> Delete
NAME	D WOODS, THOMAS E
STREET ADDRESS	12214 SOUTH SPINEY RIDGE DRIVE
CITY-STATE-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additive
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additive
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additive
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additive
NAME	
STREET ADDRESS	
CITY-STATE-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 or changed, or on an attachment with an address, with all other like enclosed.

SIGNATURE: [Signature] DATE: 4/26/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E094 (10/00)