

**03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094142

1. Entity Name
Magic Auto Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
531 Cassat Avenue

3. Mailing Address
531 Cassat Avenue

500010135285
01/15/03--01076--005 **150.00

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, Fl.

City & State
Jacksonville, Fl.

4. FEI Number 59-3541818

Applied For
Not Applicable

Zip
32254

Country
USA

Zip
32254

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lynda Pierce

Street Address (P.O. Box Number is Not Acceptable)

3801 Whitehall Street

City
Jacksonville

FL Zip Code
32206

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 *Lynda Pierce*

DATE
1/10/03

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. V P
Ric Alford
4768 Riverine Drive
Jacksonville, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.S.T.P
Carlos L. Alford
13025 W. Weldon Avenue
Avondale Az 85323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ric Alford

Ric Alford

1/10/03

(904) 704 2847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)