

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90281 020 ***150.00

DOCUMENT # **P99000000233**

1. Entity Name

AJ'S MAGIC, INC. ✓

Principal Place of Business

1859 Constitution Ave
Navarre, FL 32566

Mailing Address

PO Box 5670
Navarre, FL 32566

2. Principal Place of Business

1859 Constitution Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5670

Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Navarre, FL

4. FEI Number

593551286

Applied For

Not Applicable

Zip
32566

Country
USA

Zip
32566

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Carroll S. Levison
1828 Sundown Dr
Navarre, FL 32566

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

Carroll S. Levison 

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

(NOTE: Registered Agent signature required when reinstating)

1 May 01

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, 2001 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 **PTSD** ☐ Delete
 NAME **Carroll S. Levison**
 STREET ADDRESS **1828 Sundown Dr**
 CITY-ST-ZIP **Navarre, FL 32566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

Carroll S. Levison 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1 May 01

Daytime Phone #

850-939-6244

CR2E034 (1/00)

Attachment
#P99000000233
D0055697



Florida Profit

AJ'S MAGIC, INC.

PRINCIPAL ADDRESS
6904 NAVARRE PARJWAY
SUITE G
NAVARREO FL 3256

1859

MAILING ADDRESS
6904 NAVARRE PARJWAY
SUITE G
NAVARREO FL 3256

Document Number
P99000000233

FEI Number
593551286

Date Filed
01/04/1999

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
LEVISON, CARROLL S 1828 SUNDOWN DR NARARRE FL 32566
Name Changed: 05/11/2000
Address Changed: 05/11/2000

Officer/Director Detail

Name & Address	Title
LEVISON, CARROLL S 1828 SUNDOWN DR NAVARRE FL 32566	PTSD

Annual Reports

Report Year	Filed Date	Intangible Tax
2000	05/11/2000	

Attachment
#D9900000233
D0055697

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No Events
No Name History Information

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