

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2002 8:00 am**  
**Secretary of State**

07-25-2002 90123 047 \*\*\*155.00

**DOCUMENT # P99000033177**

1. Entity Name

**MR. MAGIC REALTY SERVICES, INC.**



Principal Place of Business

**653 VIA MILANO  
 APOPKA FL 32712**

Mailing Address

**653 VIA MILANO  
 APOPKA FL 32712**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3319711**

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

**MCCUTCHEON, ROY L  
 653 VIA MILANO CIR  
 APOPKA FL 32712**

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete  
 NAME **MCCUTCHEON, ROY L**  
 STREET ADDRESS **653 VIA MILANO**  
 CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Signature of Roy L. McCutcheon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

**407-889-4184**

CR2E034 (4/02)

Attachment # PA9000033177  
★ Mr. Magic ★  
Realty Services, Inc.

Roy L. (Mr. Magic) McCutcheon  
President  
Lic. Real Estate Broker

7-30-02

Commercial  
Residential  
Lots/Land

FL Dept of State  
Div of Corporations

Sir/Madam:

~~Per Telephone Conversation~~ with your  
office this date, regarding filing of my 2002  
Uniform Business Report, I enclose the  
form with my renewal fee of \$150.00 (+\$5.00)

As I stated in my telephone inquiry, I  
have had several months of health problem  
and was in the hospital three times in recent  
months, and under the <sup>care</sup> of my physician.

I am 78 years old and must continue  
working, so I will need the corporate  
reporting to go on, at least for the  
foreseeable future.

I enclose the 2002 Uniform Business  
Report for the current year, and my  
check for \$150 + \$5.00 and request that you  
consider the above and waive all other  
penalties and fees - Thank you very much!!

"The Magic is in our Service"

*Roy L. McCutcheon*

