

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90007 045 \*\*\*158.75

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**DOCUMENT # P99000049211**

1. Entity Name  
**MAGIC AIR CONDITIONING MECHANICAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
**431 GASTON FOSTER RD.,STE.G**      **431 GASTON FOSTER RD.,STE.G**  
**ORLANDO FL 32807**      **ORLANDO FL 32807**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>427 GASTON FOSTER RD</b> Suite, Apt. #, etc. <b>Suite G</b>		3. Mailing Address <b>SAME</b>		4. FEI Number <b>59-3586478</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>ORLANDO FL</b>		City & State <b>SAME</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>32807</b>	Country <b>ORANGE</b>	Zip	Country		

6. Name and Address of Current Registered Agent <b>HARRIS, JAMES D</b> <b>431 GASTON FOSTER RD.,STE.G</b> <b>ORLANDO FL 32807</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State <b>FL</b>			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: *James D. Harris*      DATE: 1-9-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, JAMES D</b> <b>431 GASTON FOSTER RD.,STE.G</b> <b>ORLANDO FL 32807</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-PRESIDENT</b> <b>KRISTINE ANN MCCUNE</b> <b>1401 CORBETT LANE</b> <b>ORLANDO, FL 32806</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fee empowered.

SIGNATURE: *James D. Harris*      DATE: 1-9-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)