

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014098
AV

DOCUMENT # **P99000049211**
1. Entity Name
MAGIC AIR CONDITIONING MECHANICAL SERVICES, INC.



03 OCT 13 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**427 GASTON FOSTER RD.,STE.G
ORLANDO FL 32807**

Mailing Address
**427 GASTON FOSTER RD.,STE.G
ORLANDO FL 32807**

2. Principal Place of Business
417 Gaston Foster Rd.
Suite, Apt. #, etc.

3. Mailing Address
417 GASTON FOSTER RD.
Suite, Apt. #, etc.



REINSTATEMENT 2003

City & State
ORLANDO FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
59-3586478

Applied Fee
 Not Applicable

Zip
32807

Country
U.S.

Zip
32807

Country
U.S.

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

**HARRIS, JAMES D
431 GASTON FOSTER RD.,STE.G
ORLANDO FL 32807**

Name
HARRIS, JAMES D.

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

417 GASTON FOSTER RD.

City
ORLANDO

FL

Zip Code
32807

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 *James D. Harris*

7/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.
HARRIS, JAMES D
431 GASTON FOSTER RD.,STE.G
ORLANDO FL 32807** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President of Director
HARRIS JAMES D.
417 GASTON FOSTER RD
ORLANDO FL 32807** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP.
MCCUNE, KRISTINE A
1401 CORBETT LANE
ORLANDO FL 32806** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GREGORY WALLACE
417 GASTON FOSTER RD
ORLANDO, FL 32807** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500023723525
10/13/03--01008--029 **750.00** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James D. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 658-4443

7/10/03

Date

Daytime Phone #