2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am § Secretary of State DOCUMENT # P99000060137 1. Entity Name MAGSPRAY CORPORATION 04-18-2002 90338 015 ***150.00 Principal Place of Business Mailing Address 301 VALENCIA COURT 301 VALENCIA COURT WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3584302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LENHARDT, JOYCE L Street Address (P.O. Box Number is Not Acceptable) 301 VALENCIA COURT WINTER GARDEN FL 34787 City Zip Code FL 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 Signature, typed 🗗 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE TITLE (VD- Delete Durek WičKNaMi NAME NAME Lenhardt, Theodore f GArdilea, Ardilea Woods Clonskeagh, Dublin 14 Irelan STREET ADDRESS STREET ADDRESS 201 VALENCIA COURT CITY-ST-ZIP CITY-ST-ZIP winter garden fl 34787 TITLE ☐ Delete TITLE Addition STD STITMET, BOONE NAME NAME Lenhardt, Joyce L 27155 S. Dellwood Daive STREET ADDRESS STREET ADDRESS 301 VALENCIA COURT CITY-ST-ZIP Winter Garden FL 34787 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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