

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90859 018 ***150.00

DOCUMENT # P99000062446

1. Entity Name

MAGAZINE FORCE, INC.

Principal Place of Business

Mailing Address

11477 NW 39TH CT. NO. 106
 CORAL SPRINGS FL 33065

11477 NW 39TH CT. NO. 106
 CORAL SPRINGS FL 33065-7286

2. Principal Place of Business

3. Mailing Address

6047 Kimberly Blvd J
 Suite, Apt. #, etc.

6047 Kimberly Blvd
 Suite, Apt. #, etc.

N. Lauderdale FL

N. Lauderdale FL

Zip 33068 Country USA

Zip 33068 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0935482

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELMS, MICHAEL
 11477 NW 39TH CT. NO. 106
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **NELMS, MICHAEL**
 Street Address (P.O. Box Number is Not Acceptable)
 6047 Kimberly Blvd #J
 City **N. LAUDERDALE** FL Zip Code **33068**

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]* DATE **4/24/00**
 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. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D NELMS, MICHAEL 11477 NW 39TH CT. NO. 106 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelms, Michael 6047 Kimberly Blvd. Suite J N. Lauderdale, FL 33068	<input checked="" 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
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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 like empowered.

SIGNATURE: *[Signature]* DATE **4/24/00** DAYTIME PHONE # **954-979-0092**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)