

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90065 040 \*\*\*150.00

DOCUMENT # P99000062446

1. Entity Name

MAGAZINE FORCE, INC.

Principal Place of Business

6047 KIMBERLY BLVD  
STE 1  
N LAUDERDALE FL 33068  
US

Mailing Address

6047 KIMBERLY BLVD  
STE 1  
N LAUDERDALE FL 33068  
US

2. Principal Place of Business

6043 Kimberly Blvd  
Suite Apt. #, etc.  
J

3. Mailing Address

6043 Kimberly Blvd  
Suite Apt. #, etc.  
J

City & State

N. Lauderdale FL

City & State

N. Lauderdale FL

Zip

33068

Country

US

Zip

33068

Country

US

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  
6047 KIMBERLY BLVD  
#J  
N LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

Nelms Michael

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

6043 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, 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 \$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

TITLE D  
NAME NELMS, MICHAEL  
STREET ADDRESS 6047 KIMBERLY BLVD STE J  
CITY-ST-ZIP N LAUDERDALE FL 33068

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Nelms Michael  
STREET ADDRESS 6043 Kimberly Blvd. Suite J  
CITY-ST-ZIP N. Lauderdale FL 33068

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Nelms

3/15/01

Date

954-979-0042

Daytime Phone #

CR2E034 (10/00)