

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080481

1. Entity Name
MAGIC COATINGS TECHNOLOGY, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

04-14-2000 90086 015 ***150.00
09-14-2000 90006 004 ***558.75

Principal Place of Business
191 SOUTH LAKE TRIPLET DRIVE
CASSELBERRY FL 32707

Mailing Address
191 SOUTH LAKE TRIPLET DRIVE
CASSELBERRY FL 32707

2. Principal Place of Business
466 Champlain Drive
Suite, Apt. #, etc.

3. Mailing Address
PO Box 150657
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Deltona, FL
Zip
32725
Country
USA

City & State
Altamonte Springs, FL
Zip
32715-0657
Country
USA

4. FEI Number
59-3604580
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WAYNE, JACK SR.
191 SOUTH LAKE TRIPLET DRIVE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 JACK L. WAYNE, SR. PRES. Jack L. Wayne Sr. 9/12/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST WAYNE, JACK SR. 191 SOUTH LAKE TRIPLET DRIVE CASSELBERRY FL 32707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE, JACK SR. 191 SOUTH LAKE TRIPLET DRIVE CASSELBERRY FL 32707 <input type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: JACK L. WAYNE, SR. PRES. Jack L. Wayne Sr. 9/12/00 407 860-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)