9/17/01-90124-001-$550.00-$550.00
* 9/17/01-90124-002-$8.75-$8.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -1 PM 2:06

78406

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080481

1. Entity Name
MAGIC COATINGS TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
498 CHAMPLAIN DRIVE DELTONA FL 32725	PO BOX 150657 ALTAMONTE SPRINGS FL 32715-0657

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1740 Cypress Drive		P.O. Box 150657	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orange City, FL		City & State: Altamonte Springs, FL	
Zip: 32763	Country: USA	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~~ 1740 Cypress Drive
~~CASSELBERRY FL 32707~~ Orange City, FL 32763

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. President - VP - S - T
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 12, 2001 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WAYNE, JACK SR. 191 SOUTH LAKE TRIPLET DRIVE CASSELBERRY FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE, JACK SR. 191 SOUTH LAKE TRIPLET DRIVE CASSELBERRY FL 32707	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change SP ☐ Addition

CR2E034 (5/01)

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. SIGNATURE REQUIRED 9/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #