

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90219 003 ***150.00

DOCUMENT # **P990DD 103114**

1. Entity Name

MARGARITA MAGGIES CORPORATION (CA)

Principal Place of Business

Mailing Address

1927 RINGLING BLVD
SARASOTA, FLORIDA 34236

00058248

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jeff Crowell
208 48th St W.
Bradenton, FL
34209

Name **JASON REYNOLDS**

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

1927 RINGLING BLVD

City **SARASOTA**

FL

Zip Code **34236**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres** ☐ Delete
 NAME **JASON REYNOLDS**
 STREET ADDRESS **1927 RINGLING BLVD**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V.P.** ☐ Delete
 NAME **STEVE COLANORO**
 STREET ADDRESS **1927 RINGLING BLVD**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Sec** ☐ Delete
 NAME **JEFF CROWELL**
 STREET ADDRESS **1927 RINGLING BLVD**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 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

3-15-01 (941) 951-0335

Date

Daytime Phone #

CR2E034 (11/00)