


672.50

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103114

1. Entity Name
MARGARITA MAGGIES CORPORATION



FILED

03 OCT -2 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1927 RINGLING BLVD.
SARASOTA, FL 34236

Mailing Address
P.O. BOX 9094
BRADENTON, FL 34206



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1927 RINGLING BLVD

3. Mailing Address
1927 RINGLING BLVD

Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
65-0963718

Applied For
 Not Applicable

Zip
34236

Country
USA

Zip
34236

Country
USA

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

6. Name and Address of Current Registered Agent
REYNOLDS, JASON
1927 RINGLING BLVD
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name
DAN McDONALD

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *DAN McDONALD President* DATE *9/9/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW! FEE IS \$100.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$67.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE <i>PS</i>	NAME REYNOLDS, JASON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1927 RINGLING BLVD		
CITY-ST-ZIP SARASOTA, FL 34236		
TITLE <i>VP</i>	NAME COLANDRO, STEVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1927 RINGLING BLVD		
CITY-ST-ZIP SARASOTA, FL 34236		
TITLE <i>PS</i>	NAME DAN McDONALD	<input type="checkbox"/> Delete
STREET ADDRESS 1927 RINGLING BLVD		
CITY-ST-ZIP SARASOTA FL 34236		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

*09/26/03--01068--004 **672.50*

TS

CRPC034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *DAN McDONALD Pres* DATE *9/9/03 (941) 232-1512*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR