# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V08839

1. Entity Name

MAGNETIX CORPORATION

**FILED**
**Apr 22, 2000 8:00 am**
**Secretary of State**

04-22-2000 90092 011 ***150.00

| Principal Place of Business | Mailing Address |
|---|---|
| 3061 MERCY DR<br>ORLANDO FL 32808 | 3061 MERCY DR<br>ORLANDO FL 32808-3113 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3127435 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STAMP, MARTIN<br>KILGORE, PEARLMAN, GARDNER, ORNSTEIN,STAMP<br>940 HIGHLAND AVE.<br>ORLANDO FL 34787 | Name: GRAY, Harris & Robinson, P.A.<br>Street Address (P.O. Box Number is Not Acceptable): 201 E. Pine St.<br>Suite 1200<br>City: Orlando FL Zip Code: ~~32803~~ 32801 |

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: Gray Harris & Robinson P.A. By: R Lee Bennett — 4-13-00

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 $150.00**
~~After MAY 1, 2000 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 | PD ☐ Delete | TITLE | ☑ Change ☐ Addition |
| NAME | LEFORT, ROBERT J JR | NAME | |
| STREET ADDRESS | 4701 NE SPINAKER POINT ROAD | STREET ADDRESS | 4500 NE. SPINNAKER POINT RD |
| CITY-ST-ZIP | STUART FL 34994 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CURRY, THOMAS E | NAME | |
| STREET ADDRESS | 606 LANGCHAMPS DR. | STREET ADDRESS | |
| CITY-ST-ZIP | DEVON PA 19333-1866 | CITY-ST-ZIP | |
| TITLE | TD ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | KOLBEINS, LAURIE G | NAME | |
| STREET ADDRESS | 111 KENILWORTH ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | VILLANOVA PA 19085 | CITY-ST-ZIP | |
| TITLE | SD ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HOHNS, WILLIAM A | NAME | |
| STREET ADDRESS | 398 LAKEPARK TRAIL | STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL 32765 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 — William A. Hohns Secretary — 04/11/00 — 407/926-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)