

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 19 PM 1:14

DOCUMENT # V08839

1. Entity Name

MAGNETIX CORPORATION

Principal Place of Business

Mailing Address

~~9001 MERCY DR~~
ORLANDO FL 32808

~~9001 MERCY DR~~
ORLANDO FL 32808

2. Principal Place of Business

3600 eCommerce Place

3. Mailing Address

3600 eCommerce Place

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

~~GRAY, HARRIS P.A.~~

~~201 PINE STREET~~

~~SUITE 1200~~

ORLANDO FL 32801

MARSHALL, BYRD F. JR.

~~NAME~~ GRAY, HARRIS & ROBINSON, P.A.

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

301 EAST PINE STREET

SUITE 1400

City

ORLANDO

FL

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

Byrd F. Marshall, Jr.

5/31/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ~~PD~~ ☐ Delete
NAME LEFORT, ROBERT J JR
STREET ADDRESS 4500 NE SPINNAKER POINT ROAD
CITY-ST-ZIP STUART FL 34994

TITLE ~~CD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 34996

TITLE ~~D~~ ☐ Delete
NAME CURRY, THOMAS E
STREET ADDRESS 606 LANGCHAMPS DR.
CITY-ST-ZIP DEVON PA 19333-1866

TITLE ☐ Change ☐ Addition
NAME 300004449403--4
STREET ADDRESS -06/28/01--01028--024
CITY-ST-ZIP *****400.00 *****400.00

TITLE ~~TD~~ ☐ Delete
NAME KOLBEINS, LAURIE G
STREET ADDRESS 111 KENILWORTH ROAD
CITY-ST-ZIP VILLANOVA PA 19085

TITLE ☒ Change ☐ Addition
NAME 11 SOUTH OSCEOLA AVE, SUITE 3401
STREET ADDRESS ORLANDO, FL 32801
CITY-ST-ZIP

TITLE ~~SD~~ ☐ Delete
NAME HOHNS, WILLIAM A
STREET ADDRESS 398 LAKEPARK TRAIL
CITY-ST-ZIP OVIEDO FL 32765

TITLE ~~PD~~ ☒ Change ☐ Addition
NAME 300004449403--4
STREET ADDRESS -06/28/01--01028--025
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME SP
STREET ADDRESS
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:

LAURIE KOLBEINS

5/01/01

407-926-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0066656