

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41710

1. Entity Name

MAGIC TOUCH AUTO RESTORATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90052 029 ***150.00

Principal Place of Business

Mailing Address

153 ALDERWOOD DR
KISSIMMEE FL 34743
US

153 ALDERWOOD DR
KISSIMMEE FL 34769-2235
US

2. Principal Place of Business

3. Mailing Address

337 MINNESOTA AVE

337 MINNESOTA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST CLOUD FL.

ST CLOUD FL.

4. FEI Number

59-3127025

Applied For

Not Applicable

Zip

Country

Zip

Country

34769-2235

OSCEOLA

34769-2235

OSCEOLA

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

JONES, STEVEN A.
153 ALDERWOOD DR
KISSIMMEE FL 34743

Name

JONES, STEVEN A.

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

337 MINNESOTA AVE

City

ST CLOUD

FL

Zip Code

34769-2235

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

Steven A. Jones

STEVEN A. JONES

04-19-00

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 P ☐ Delete
NAME JONES, STEVEN A.
STREET ADDRESS 153 ALDERWOOD DR
CITY-ST-ZIP KISSIMMEE FL

TITLE P ☒ Change ☐ Addition
NAME JONES, STEVEN A.
STREET ADDRESS 337 MINNESOTA AVE
CITY-ST-ZIP ST CLOUD FL 34769-2235

TITLE ST ☐ Delete
NAME SOMERO, NORMA L
STREET ADDRESS 337 MINNESOTA AVE
CITY-ST-ZIP ST CLOUD FL 34769

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Norma L. Somero NORMA L. SOMERO 04-19-00 407 892-6988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)