02-14-2001 90009 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48275

1. Entity Name

MAGNET MAKERS, INC.

Principal Place of Business

Mailing Address

2844 BANCHORY RD WINTER PARK FL 32792

32*792*

2844 BANCHORY RD WINTER PARK FL 32792

2. Principal Place of Business 3. Mailing Address 625 London ROAL 25 London Rond WINTERPARK City & State Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3129375....

7. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional

タユクタ2 6. Name and Address of Current Registered Agent

5. Certificate of Status Desired

Fee Required

BIDDIX, FLOYD NED 2844 BANCHORY ROAD WINTER PARK FL 32792 LONDON

Zip Code **32792**

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

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing

\$5.00 May Be Added to Fees

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

Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12.

OFFICERS AND DIRECTORS 11. PRESIDENT TITLE ☐ Delete TITLE Addition BIDDIX, FLOYd Ned NAME NAME **BIDDIX, FLOYD NED** 625 London Pd STREET ADDRESS STREET ADDRESS 2844 BANCHORY ROAD CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32792 WINTER PARK, FI 32792 TITLE ☐ Delete TITLE Change ☐ Addition VICE President BIDDIX, CheryL 625 LONDON ROAL WINTER PAKK, El 32792 NAME NAME BIDDIX, CHERYL STREET ADDRESS STREET ADDRESS 2844 BANCHORY ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change TITLE Delete TITLE Sec/Theasange ☐ Addition BIDDIX FRANCES 625 London Rond NAME BIDDIN, FRANCES NAME STREET ADDRESS STREET ADDRESS 2844 BANCHORY RD. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 WINTER PARK, El 32792 TITLE ☐ Delete TITLE ☐ Addition МАМЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR