

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90053 006 ***150.00

06989030
FP

DOCUMENT # P00000065328



1. Entity Name
MYSTICAL LOCATIONS, INC.

Principal Place of Business
4681 WC 48
BUSHNELL FL 33513

Mailing Address
4681 WC 48
BUSHNELL FL 33513

11006695



2. Principal Place of Business
4541 WC 48
Suite, Apt. #, etc.

3. Mailing Address
4541 WC 48
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3667414 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
IVES, DANA
4681 WC 48
BUSHNELL FL 33513

7. Name and Address of New Registered Agent
Name: Dana Ives
Street Address (P.O. Box Number is Not Acceptable): 4541 WC 48
City: Bushnell FL Zip Code: 33513

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: Dana Ives Dana Ives DATE: 4/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVES, DANA 4681 WC 48 BUSHNELL FL 33513	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4541 WC 48 Bushnell FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IVES, DEANNA 4681 WC 48 BUSHNELL FL 33513	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4541 WC 48 Bushnell FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IVES, D. RENEE 4681 WC 48 BUSHNELL FL 33513	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4541 WC 48 Bushnell FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dana Ives REQUIRED DATE: 4/1/03 DAYTIME PHONE #: 352-266-0187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)