

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90444 017 ***150.00

DOCUMENT # 520778

1. Entity Name
CARL W. MAGYAR, D.D.S., P.A.

Principal Place of Business 6 N. GRAYTWIG COURT HOMOSASSA FL 34446 US	Mailing Address P.O. BOX 3015 HOMOSASSA SPRINGS FL 34447 US
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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 59-1713325	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAGYAR, CARL W.
 6 N. GRAY TWIG CT.
 HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name ~~CARL W. MAGYAR, CARL W~~
 Street Address (P.O. Box Number is Not Acceptable)
5 Graytwig Ct. N.
 City **HOMOSASSA** FL Zip Code **34446**

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 _____ (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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAGYAR, CARL W.	
STREET ADDRESS	6 NORTH CRAYTWIG CT.	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAGYAR, MARDENE	
STREET ADDRESS	6 N. GRAYTWIG CT.	
CITY-ST-ZIP	HOMOASSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGYAR, CARL W	
STREET ADDRESS	5 GRAYTWIG CT. N.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGYAR, MARDENE	
STREET ADDRESS	5 GRAYTWIG CT. N.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Carl W. Magyar, DDS** *Carl W. Magyar - DDS* Date **352-382-0444** Daytime Phone #

CR2E034 (10/00)