


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90799 040 \*\*\*150.00

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<b>DOCUMENT #</b> 520778	
<b>1. Entity Name</b> CARL W. MAGYAR, D.D.S., P.A.	

<b>Principal Place of Business</b> 6 N. GRAYTWIG COURT HOMOSASSA FL 34446 US	<b>Mailing Address</b> P.O. BOX 3015 HOMOSASSA SPRINGS FL 34447 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-1713325		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required.</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
MAGYAR, CARL W. 5 N. GRAY TWIG CT. HOMOSASSA FL 34446		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGYAR, CARL W. 5 GRAYTWIG CT NORTH HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** SIGNATURE Carl W. Magyar, DDS 4-28-03 352-382 - 0444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)