

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90185 009 ***150.00

DOCUMENT # H09339

1. Entity Name

MAGULICK'S POOL COMPANY

Principal Place of Business

9720 CAROUSEL CRCL.S.
BOCA RATON FL 33434

Mailing Address

9720 CAROUSEL CRCL.S.
BOCA RATON FL 33434

00010046

2. Principal Place of Business

119 NW 43RD ST

Suite, Apt. #, etc.

3. Mailing Address

119 NW 43RD ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-2544047

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGULICK, ROBERT J.
9720 CAROUSEL CIR. S.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **ROBERT J. MAGULICK**
Street Address (P.O. Box Number is Not Acceptable)
119 NW 43RD ST
City **BOCA RATON** FL Zip Code **33431**

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 **ROBERT J. MAGULICK Pres**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-29-01

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, 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** ☐ Delete
NAME **MAGULICK, ROBERT J.**
STREET ADDRESS **9720 CAROUSEL CIR. S.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **STD** ☒ Delete
NAME **MAGULICK, BARBARA**
STREET ADDRESS **9720 CAROUSEL CIR. S.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☐ Delete
NAME **MAGULICK, DANIEL**
STREET ADDRESS **9720 CAROUSEL CIR S.**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD STD** ☒ Change ☐ Addition
NAME **ROBERT J. MAGULICK**
STREET ADDRESS **119 NE 3 WAY**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **DANIEL MAGULICK**
STREET ADDRESS **271 NW 10 ST**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

R. J. MAGULICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)