

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90135 017 ***150.00

0574408 AT

DOCUMENT # F00000006117

1. Entity Name

MAGNITUDE INFO SYSTEMS, INC.

Principal Place of Business

**677 N. WASHINGTON BLVD
SARASOTA FL 34236**

Mailing Address

**401 STATE ROUTE 24
CHESTER NJ 07930**

2. Principal Place of Business

401 State Rte. 24

Suite, Apt. #, etc.

3. Mailing Address

401 State Route 24

Suite, Apt. #, etc.

City & State

Chester, NJ

Zip
07930

Country
Morris

City & State

Chester, NJ

Zip
07930

Country
Morris

4. FEI Number

22-3137193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, HOWARD
8119 WATERVIEW BLVD
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(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.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
RUDNIK, STEVEN
401 STATE ROUTE 24
CHESTER NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DUNCAN, JOHN
401 STATE ROUTE 24
CHESTER NJ** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KLAUBE, JOERG
401 STATE ROUTE 24
CHESTER NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAY, STEVE
401 STATE ROUTE 24
CHESTER NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOMASEK, JOSEPH
401 STATE ROUTE 24
CHESTER NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANGELASTRI, IVANO
401 STATE ROUTE 24
CHESTER NJ** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)