2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90636 028 ***150.00

DOCUMENT # F63327

1. Entity Name

Magnuson Industries, Inc. ✓

Principal Place of Business	Mailing Address
1200 S. Pinellas Avenue Tarpon Springs, FL 34689	1200 S. Pinellas Avenue Tarpon Springs, FL 34689

D0056773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 1149
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tarpon Springs, FL 34689
Zip / Country	Zip / Country

4. FEI Number: 59-2155680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Koulianos, John M. 1200 S. Pinellas Avenue Tarpon Springs, FL 34689	Name: Jerry Magnuson Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pinellas Avenue City: Tarpon Springs, FL Zip Code: 34689

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: Jerald M. Magnuson 4/27/01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Magnuson, Jerry U.S. Highway 19 North Palm Harbor, FL	☐ Delete	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Magnuson, Stewart 3001 Kishwaukee Street Rockford, IL	☐ Delete	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Magnuson, Nancy Gough 3001 Kishwaukee Street Rockford, IL	☐ Delete	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ 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: Jerald M. Magnuson 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)