FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99 00000 5183

MAGLIO-ACCUFACTS PRE-EMPLOYMENT SCREENING, INC.



03 OCT -7 AM 11:50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Mailing Address 2180 SR 434 W. 2180 SR 434 W. Suite, Apt. #, etc. Suite, Apt. #, etc. Ste. 4150 Ste. 4150 City & State City & State Longwood, FL Longwood, FL Country Country 32779 US 32779 US

800023937028 10/20/03--01009--028 **158.75

DO NOT WRITE IN THIS SPACE

4. FE Number 13-4108277

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent NR'AI SErvices, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Ave.

City Tallahassee

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

(NOTE: Registered Agen) signature required when reinstating

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

January 1 E May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25 ff

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE: ₹I∏ F PD Luizzo, Philip NAME 2180 SR 434 W., Ste. 4150 STREET ADDRESS STREET ADDRESS Longwood, FL 32779 CITY-ST-ZIP CITY-ST-ZIP TITI F VD Svedese, John NAME NAME 2180 SR 434 W., Ste.4150 STREET ADDRESS STREET ADDRESS Longwood, FL 32779 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE SD Luizzo, Anthony NAME NAME 213 Father Capodanno Blvd. STREET ADDRESS STREET ADDRESS DO NOTWRITE Stanten Island, NY 10305 CITY-ST-7IP CITY-ST-ZIP TILE TO U IN THIS SPACE D Patterson, James NAME NAME 79 Bay 13th St. STREET ADDRESS STREET ADDRESS Brooklyn, NY 11214 CITY-ST-ZIP CITY-ST-ZIP TITLE D Maglio, Richard NAME NAME 2180 SR 434 W., Ste. 4150 STREET ADDRESS STREET ADDRESS Longwood, FL 32779 CITY-ST-ZIP CiTY-ST-7/P TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Maglio

10/06/2003

407-682-505

Date

CR2E034B (12/02)



October 6, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahasse, FL 32314

Subj: Request for Abatement of Reinstatement Fees

Dear Sir/Madam:

In 2003, Maglio-Accufacts Pre-Employment Screening, Inc. offices relocated from New York City to Longwood, Florida. The US Post Office was informed of the relocation and mail has been forwarded to the Longwood address.

Possibly as a result of this relocation to Florida and mistakes involved in the forwarding of mail, we did not receive either our Annual Report Renewal Notification or any subsequent notifications. As such, we request an abatement/waiver of the reinstatement fees due to this address change.

Your consideration of this one-time abatement would be greatly appreciated.

Sincerely,

Richard J. Maglio

Vice President