

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90005 008 ***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 33434-3927

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2544047

Applied For

Not Applicable

5. Certificate of Status Desired:

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MAGULICK, ROBERT J.	
STREET ADDRESS	9720 CAROUSEL CIR. S.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MAGULICK, BARBARA	
STREET ADDRESS	9720 CAROUSEL CIR. S.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAGULICK, DANIEL	
STREET ADDRESS	9720 CAROUSEL CIR S.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

561-482-1015

Daytime Phone #

CR2FC34 (9/99)