

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

04-30-2003 90150 039 ***158.75

DOCUMENT # **K52235**

1. Entity Name
MAGER & ASSOCIATES, P.A.



Principal Place of Business
**1 EAST BROWARD BLVD.
7TH FLOOR
FORT LAUDERDALE FL 33301
US**

Mailing Address
**921 SOUTHEAST 7TH STREET
FORT LAUDERDALE FL 33301
US**

55051590

2. Principal Place of Business
401 East Las Olas Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Fourteenth Floor

Suite, Apt. #, etc.

City & State
Fort Laud. FL

City & State

Zip **33301** Country **USA**

Zip Country

4. FEI Number **65-0105320**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGER, SCOTT
500 E. BROWARD BLVD **401 East Las Olas Blvd**
18TH FLOOR **14th Floor**
FORT LAUDERDALE FL 33394 **Fort Laud FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MAGER, SCOTT
500 E. BROWARD BLVD, 18TH FLOOR
FORT LAUDERDALE FL 33394

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAGER, SCOTT
401 East Las Olas Blvd - 14th Floor
Fort Lauderdale FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with another like empowered.

CR2E034 (4/03)