**FILED**
**Apr 23, 2003 8:00 am**
**Secretary of State**

04-23-2003 90303 001 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000015184

1. Entity Name
**MAGUIRE WHOLESALE, INC.**

90102606

| Principal Place of Business | Mailing Address |
|---|---|
| 4820 GULF SHORE BLVD., NORTH<br>NAPLES, FL 34103 | 4820 GULF SHORE BLVD., NORTH<br>NAPLES, FL 34103 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0557529 ☐ 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 |
|---|---|
| NICI, JAMES R<br>C/O COX & NICI<br>3001 TAMIAMI TRAIL NORTH, SUITE 100<br>NAPLES, FL 34103 | Name James R. Nici, c/o Cox & Nici<br>Street Address (P.O. Box Number is Not Acceptable)<br>1185 Immokalee Rd. Suite 110<br>City Naples FL Zip Code 34110 |

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] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MAGUIRE, JAMES<br>4820 GULF SHORE BLVD., NORTH<br>NAPLES, FL 34103<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D,P,T<br>☑ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MCMANUS MAGUIRE, JOY<br>4820 GULF SHORE BLVD., NORTH<br>NAPLES, FL 34103<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP,S<br>Maguire, James M.<br>7307 Blakemore Ct.<br>Louisville, Kentucky<br>40059<br>☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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 all other like empowered.

**SIGNATURE:** [signature] 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)