

**2002
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Apr 02, 2002 8:00 am
Secretary of State**

04-02-2002 90971 049 ***150.00

DOCUMENT # P94000003192
1. Entity Name FILCON CORP ✓

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B0057452

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2. Principal Place of Business <u>7996 BEAUMONT CT.</u>		3. Mailing Address <u>1106 DORCHESTER CT.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>90 GEROLD KNUERHASE</u>	
City & State <u>NAPLES, FL</u>		City & State <u>NAPLES FL</u>	
Zip <u>34109</u>	Country <u>COLLIER</u>	Zip <u>34104</u>	Country

4. FEI Number <u>65-0544918</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>MAGURA, GUENTER</u>	
Street Address (P.O. Box Number Is Not Acceptable) <u>7996 BEAUMONT CT.</u>	
City <u>NAPLES</u>	State <u>FL</u>
Zip <u>34109</u>	

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 reissuing)) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P. MAGURA, GUENTER</u> <u>7996 BEAUMONT CT.</u> <u>NAPLES, FL 34109</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MAGURA, PATRICIA</u> <u>7996 BEAUMONT CT.</u> <u>NAPLES, FL 34109</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X P. Magura PATRICIA MAGURA 3/18/02 598-9352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20348 (12/01)