

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-17-2002 90042 006 ***150.00

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

DOCUMENT # P94000087347 (8) ✓
1. Entity Name
Maguire and Associates, Inc

953600

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
499 International Golf Pkwy
Suite, Apt. #, etc.

3. Mailing Address
PO box 137
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St Augustine FL
Zip
32095
Country
USA

City & State
Ponte Vedra Beach, FL
Zip
32004
Country
USA

4. FEI Number
59-3268408
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name John Barber Bruce A. Maguire
Street Address (P.O. Box Number is Not Acceptable)
5250 Pheasant Run Ct, Ponte Vedra Bch, FL 32004
700 N. Ponce de Leon Blvd
City St Augustine FL Zip Code 32082

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 Bruce A. Maguire DATE June 1, 2002
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
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, S, T, D Bruce A. Maguire 5202 Pheasant Run Ct Ponte Vedra Bch, FL 32082</u>
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce A. Maguire Date 4-30-02 Daytime Phone # 904-829-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0346 (12/01)