

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 025 ***150.00

DOCUMENT # P94000094005

1. Entity Name
MAGYAR TAX ACCOUNTING SERVICES, INC.



Principal Place of Business

654 WEST BAFFIN DR
VENICE FL 34293
US

Mailing Address

654 WEST BAFFIN DR
VENICE FL 34293
US

2. Principal Place of Business

333 S. Tamiami Tr

3. Mailing Address

333 S. Tamiami Tr

Suite, Apt. #, etc.

Suite 384

Suite, Apt. #, etc.

Suite 384

City & State

Venue FL

City & State

Venue FL

Zip

34285

Country

Zip

34285

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0545031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARPENTER, THOMAS A JR
654 WEST BAFFIN DR
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5071 Egret Road

City

South Venue Beach

FL

Zip Code

34293

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 \$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

TITLE **PSTD** ☐ Delete
NAME **CARPENTER, THOMAS A JR**
STREET ADDRESS **654 WEST BAFFIN DR**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **5071 Egret Road**
CITY-ST-ZIP **South Venue Beach, FL 34293**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Thomas Carpenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 941-488-2235

Date

Daytime Phone #

CR2E034 (10/02)