

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90126 045 ***150.00

DOCUMENT # **P96000061065**

1. Entity Name
~~GOOD WEAR UNIFORM DISTRIBUTORS, INC.~~ **(NAME CHANGE)**

BARBARA MAGILL INVESTMENTS, INC

Principal Place of Business: 16777 N. MIAMI AVENUE, NORTH MIAMI BEACH FL 33169-6032
 Mailing Address: 16777 N. MIAMI AVENUE, NORTH MIAMI BEACH FL 33169-6032

121000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **908 MANGO ISLE**

3. Mailing Address: **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State: **FT. LAUDERDALE, FL**

City & State

4. FEI Number: **65-0679920**
 Applied For: Not Applicable

Zip: **33315** Country: **BROWARD**

Zip Country

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

MAGILL, BARBARA
~~16777 N. MIAMI AVE.~~
~~N. MIAMI BEACH FL 33169~~

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **908 MANGO ISLE**
 City: **FT. LAUDERDALE** FL Zip Code: **33315**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAGILL, BARBARA	
STREET ADDRESS	16777 N. MIAMI AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	908 MANGO ISLE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33315	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Magill* **BARBARA MAGILL** **3/5/01** **954-761-8374**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)