

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

012135 AT

DOCUMENT # P97000037633

1. Entity Name
JOHN A. MAGLIANO, JR. CPA, PA

Principal Place of Business
**4814 NORTH GRADY AVENUE
 TAMPA FL 33614**

Mailing Address
**P.O. BOX 15717
 TAMPA FL 33684-5717**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-3438955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MAGLIANO, JOHN A JR.
 4814 NORTH GRADY AVENUE
 TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 reinstating) DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D MAGLIANO, JOHN A JR. 4814 NORTH GRADY AVENUE TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ~~SIGNATURE REQUIRED~~ *John A. Magliano, Jr.* Date **7-20-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/01)

Attachment
773854
PO 7000037633
JOHN A. MAGLIANO, JR., CPA, PA
PO BOX 15717
TAMPA, FL 33684-5717

July 20, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

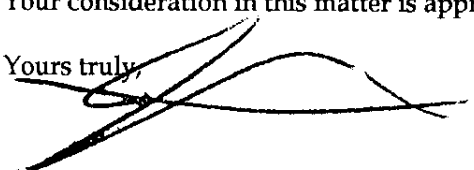
Dear Ms Harris:

We recently received a 2nd notice for the 2001 Profit Corporation Annual Report Packet. We have no record of receiving the 1st notice.

Enclosed is the Corporate Annual Report Application for Reinstatement along with a check in the amount of \$150.00 for the annual fee. We respectfully request an abatement of the penalty for late filing of our corporate annual report.

Your consideration in this matter is appreciated.

Yours truly,


John A. Magliano, Jr., CPA, PA
President

JAM/dv