

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

07-31-2001 90233 046 ***150.00



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
Not Applicable

5. Certificate of Status Desired ☐ \$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

TITLE D
NAME MAGLIANO, JOHN A JR.
STREET ADDRESS 4814 NORTH GRADY AVENUE
CITY-ST-ZIP TAMPA FL 33614 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ 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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0121135 AT

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

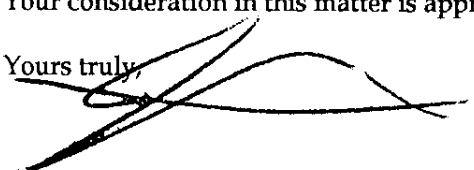
Dear Ms Harris:

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