

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055139

1. Entity Name

MAGNUM CONSULTING CORP.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90026 048 ***150.00

Principal Place of Business

Mailing Address

1805 SOUTH MISSOURI AVE.
CLEARWATER FL 34616

1605 SOUTH MISSOURI AVE.
CLEARWATER FL 33756-1220

2. Principal Place of Business

1446 COURT STREET
Suite, Apt. #, etc.

3. Mailing Address

1446 COURT STREET
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3453066

Applied For

Not Applicable

Zip
33756

Country

USA

Zip

33756

Country

USA

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

LEVIN, LEONARD D

1605 SOUTH MISSOURI AVE. 1446 COURT STREET
CLEARWATER FL 34616 33756

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 \$150.00
After MAY 1, 2000 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 PD
NAME SILBERT, JERRY
STREET ADDRESS 3253 E. FAIRBROOK ST.
CITY-ST-ZIP MESA AZ 85213 ☐ Delete

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

TITLE VSD
NAME LEVIN, LEONARD D
STREET ADDRESS 116 CRESTWOOD COURT SOUTH
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

Date

727-469-8821

Daytime Phone #

CR2E034 (9/99)