

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90048 024 ***150.00

DOCUMENT # P98000009290

1. Entity Name

BARBARA MAGNUSSON, LMHC, P.A.

Principal Place of Business

Mailing Address

606 APPLEWOOD AVE.
 ALTAMONTE SPRINGS FL 32714

606 APPLEWOOD AVE.
 ALTAMONTE SPRINGS FL 32714-7302

2. Principal Place of Business

3. Mailing Address

1850 Lee Rd, Ste 214
 Suite, Apt. #, etc.

Suite, Apt. #, etc. (Same)

City & State

City & State

Winter Park, FL

4. FEI Number

59-3486022

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

Orange

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

MAGNUSSON, BARBARA
 606 APPLEWOOD AVE.
 ALTAMONTE SPRINGS FL 32714

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

[Handwritten Signature]

4/13/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	PS	<input type="checkbox"/> Delete
NAME	MAGNUSSON, BARBARA	
STREET ADDRESS	606 APPLEWOOD AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA MAGNUSSON, LMHC
 PRESIDENT 4/13/00 (407) 862-4087

Date

Daytime Phone #

CR2E034 (9/99)