

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013378

1. Entity Name

MAGUIRES & ASSOCIATES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90313 034 ***150.00

Principal Place of Business

Mailing Address

3629 FT. PEYTON CIRCLE
 ST. AUGUSTINE FL 32095

3629 FT. PEYTON CIRCLE
 ST. AUGUSTINE FL 32086-9102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3493865

Applied For

Not Applicable

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

HALL, CHARLES E JR
 25 OLD MISSION AVE.
 ST. AUGUSTINE FL 32084

CHARLES HALL
 77 ALMERIA ST
 ST. AUGUSTINE FL 32084

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 then 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 ☐ Delete
 NAME D
 STREET ADDRESS MAGUIRE, SCOTT M
 CITY-ST-ZIP 3629 FT. PEYTON CIRCLE
 ST. AUGUSTINE FL 32095

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

TITLE ☐ Delete
 NAME PVST
 STREET ADDRESS MAGUIRE, SCOTT M
 CITY-ST-ZIP 3629 FT. PEYTON CIRCLE
 ST. AUGUSTINE FL 32095

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT M. MAGUIRE 3/20/00

Date

Daytime Phone #

904 824-1944

CR2E034 (9/99)