

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010030

1. Entity Name

MAGNOLIA RESEARCH GROUP, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90065 023 ***150.00

Principal Place of Business

Mailing Address

~~1224 S.E. MAGNOLIA EXTENSION~~
OCALA-FL-34471

~~1224 S.E. MAGNOLIA EXTENSION~~
OCALA-FL-34471

2. Principal Place of Business

2203 S.E. 3rd AVE

Suite, Apt. #, etc.

3. Mailing Address

2203 S.E. 3rd AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3549338

Applied For

Not Applicable

Zip

34471

Country

Zip

34471

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

POPEIL, LARRY R M.D.

~~1224 S.E. MAGNOLIA EXTENSION~~
~~OCALA-FL-34471~~

Name

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

2203 S.E. 3rd AVE.

City

OCALA,

FL

Zip Code

34471

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

Larry Popeil, LARRY POPEIL, OWNER

1/10/01

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, 2001 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

TITLE D
NAME POPEIL, LARRY R M.D. ☐ Delete
STREET ADDRESS ~~1224 S.E. MAGNOLIA EXTENSION~~
CITY-ST-ZIP Ocala FL 34471

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 2203 S.E. 3rd AVE.
CITY-ST-ZIP Ocala, FL 34471

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

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

TITLE ☐ Change ☐ Addition
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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:

Larry Popeil, LARRY POPEIL

1/10/01

352-351-8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0419126