

2002 UNIFORM BUSINESS REPORT (UBR)

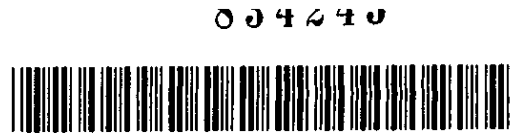
FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90342 008 ***150.00

DOCUMENT # P99000012925
 1. Entity Name
ALTOM M. MAGLIO, P.A.

Principal Place of Business Mailing Address
22 SOUTH TUTTLE AVE..STE.4 **22 SOUTH TUTTLE AVE..STE.4**
SARASOTA FL 34237 **SARASOTA FL 34237**

2. Principal Place of Business 3. Mailing Address
2750 Ringling Blvd **2750 Ringling Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 4 **Suite 4**
 City & State City & State
Sarasota, FL **Sarasota, FL**
 Zip Country Zip Country
34237 **USA** **34237** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0896353** Applied For Not Applicable

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

MAGLIO, ALTOM M Name: **Maglio, Altom M.**
22 SOUTH TUTTLE AVE.,STE.4 Street Address (P.O. Box Number is Not Acceptable): **2750 Ringling BLVD**
SARASOTA FL 34237 **Suite 4**
 City: **Sarasota** State: **FL** Zip Code: **34237**

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: DATE: **4/11/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS MAGLIO, ALTOM M 22 SOUTH TUTTLE AVE.,STE.4 SARASOTA FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MAGLIO, ALTOM M 22 SOUTH TUTTLE AVE.,STE.4 SARASOTA FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE: **4/11/02** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)