

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000035890

FILED  
Jan 09, 2003  
Secretary of State

**Entity Name:** MAGNUS BIO-MEDICAL TECHNOLOGIES INC.

**Current Principal Place of Business:**

7451 SW 38TH STREET  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2708  
OCALA, FL 34478

**New Mailing Address:**

P.O. BOX 771569  
OCALA, FL 34477

**FEI Number:** 59-3582834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARENT, MILDRED M  
7451N SW 38TH STREET  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARENT, MILDRED  
Address: 5101 NW HWY 225A  
City-St-Zip: OCALA, FL 34482

Title: V ( ) Delete  
Name: BUTLER, GREGORY  
Address: 5101 BW HWY 225A  
City-St-Zip: OCALA, FL 34482

Title: V ( ) Delete  
Name: BRYGIDER, SANFORD  
Address: 3151 NW 44TH AVE #40  
City-St-Zip: OCALA, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MILDRED ARENT

P

01/09/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date