

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90004 016 ***150.00

DOCUMENT # **P 99 0000 84254**

1. Entity Name

Dave Magnus, P.A. ✓

Principal Place of Business

Mailing Address

**196 E. Bayridge Dr.
 Weston, FL 33326**

**196 E. Bayridge Dr.
 Weston, FL 33326**

659036

2. Principal Place of Business

3. Mailing Address

**196 E. Bayridge Dr.
 Suite, Apt. #, etc.**

**196 E. Bayridge Dr.
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Weston, FL

Weston, FL

65-0948025

Not Applicable

Zip

Country

Zip

Country

33326

USA

33326

USA

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

**Magnus, David
 196 E. Bayridge Dr.
 Weston, FL 33326**

Name **Magnus, David**
 Street Address (P.O. Box Number is Not Acceptable) **196 E. Bayridge Dr.**
 City **Weston** FL Zip Code **33326**

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]
 Signature, typed or printed name of registered agent and title if applicable.

David Magnus

(NOTE: Registered Agent Signature Required when reinstating)

4/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Magnus, David 196 E. Bayridge Dr. Weston, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Magnus, David 196 E. Bayridge Dr. Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

David Magnus
President

4/26/01

Daytime Phone #

934-218-3670

CR2E034 (11/00)