

**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

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

3. Mailing Address

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

DO NOT WRITE IN THIS SPACE

City & State

**Weston, FL**

City & State

**Weston, FL**

4. FEI Number

**65-0948025**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**David Magnus**

**4/26/01**

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.

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

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

CR2E034 (11/00)

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**

**954-277-3670**  
 Daytime Phone #