2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K99175 1. Entity Name MG LAND CORPORATION THREE						Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90262 001 *1,200.00			
499 N SR 43 SUITE 2179	ce of Business 4 SPRINGS FL 32714	Mailing Address 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 US							
2. Principal P	Place of Business	3. Mailing Address				T TRANSPIR DIE TOTTE TRANSPIRENT BILD BILD BILD BILD BILD BILD BILD BILD			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4.	FEI Number 59-2965570		oplied For ot Applicable	
Zip Country		Zip Cour		try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent			7. 1	Name and Address of New Registered	Agent		1
HOLLINGSWORTH, GEORGE R II				Name Street Addr	idress (P.O. Box Number is Not Acceptable)				
499 N SF SUITE 21 ALTAMON				City		FL Zip Code			
Tax filing r	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St			.00	10. Election Campaign Financing \$5.00 May Be			
11,	OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, B. J. 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	□ Delete	☐ Defete TITLE NAMI STRE					Addition	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Garner, John Michael 499 N. State RD. 434 Ste. 2179 Altamonte Springs Fl 32714	☐ Delete					Change	☐ Addition	5
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	DST HOLLINGSWORTH, GEORGE R II 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	`	□ Delete	CITY-	T ADDRESS ST-ZIP			Change	☐ Addition	
 I hereby c indicated of the corr changed, 	ertify that the information supplied with the on this report or supplemental report is to coration or the receiver or tristed sample or on an attachment with an accoracy, with an accoracy.	nis filing does not qualify for t ue and accurate and that my ere to expert this report a all of a like empowered.	he exer signate requir	nption stated i ure shall have ed by Chapte	in Section 1 the same I r 607, Florid	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I da Statutes; and that my name appears	rtify that the in am an officer in Block 11 or	formation or director Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR