

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90159 027 ***158.75

DOCUMENT # 460217

Entity Name
MGF OF AMERICA, INC.

Principal Place of Business
123 CENTRE POINTE BLVD
TALLAHASSEE FL 32308

Mailing Address
2123 CENTRE POINTE BLVD
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-----------------------------|---------|---------------------|---------|--|--|----------------|--|
| Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-1576733 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| BOUTWELL, W. KENNETH, JR. 2123 CENTRE POINTE BLVD TALLAHASSEE FL 32308 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|---------------------------------|---|---|--|
| DELETE | STDV CARUTHERS, JOHN 4044 BRANDON HILL DR. TALLAHASSEE, FL 00000 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| DELETE | D REBECCA ROX SPEED 6120 OX BOTTOM MANOR DR. TALLAHASSEE FL | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| DELETE | D JEROME L. CIESLA 3601 UNCLE GLOVER RD. TALLAHASSEE FL | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| DELETE | PDC BOUTWELL, W.K. JR. 3431 CEDAR LANE TALLAHASSEE, FL 00000 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| DELETE | V HUMPHREY, STEPHEN 3036 N SHANNON LAKES TALLAHASSEE, FL 00000 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| DELETE | D RECIO, LINDA 2817 ARMAGH TALLAHASSEE FL | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: W.K. Boutwell, Jr. 2/4/02 (850)386-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)