

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90112 014 ***150.00

DOCUMENT # *F02 000000828*

1. Entity Name

MG Consultants, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11341 Cypress Reserve Dr.

Suite, Apt. #, etc.

3. Mailing Address

11341 Cypress Reserve Dr.

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33626

Country
USA

City & State
Tampa, FL

Zip
33626

Country
USA

4. FEI Number
88-0451765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gus R. Reece

Street Address (P.O. Box Number is Not Acceptable)

11341 Cypress Reserve Dr

City
Tampa

FL

Zip Code
33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gus R. Reece

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

(NOTE: Registered Agent signature required when reinstating)

1/31/2003

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gus R. Reece
11341 Cypress Reserve Dr. Tampa, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Matthew D. Bigler
5600 Daybreak Dr. Reno NV 89523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Ginger Reece
11341 Cypress Reserve Dr. Tampa FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Alison Bigler
5600 Daybreak Dr. Reno NV 89523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gus R. Reece
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2003

Date

(813)818-7097

Daytime Phone #

CR2E034B (12/02)