

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0000733 AV

DOCUMENT # **F02000003820**

1. Entity Name
MAGELLAN INTERNATIONAL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -2 AM 8:00

REINSTATEMENT 03



Principal Place of Business
**136 PLANTATION CIRCLE, SOUTH
PONTE VEDRA BEACH FL 32082**

Mailing Address
**136 PLANTATION CIRCLE, SOUTH
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

151 Sawgrass Corner Drive

3. Mailing Address

Same 151 Sawgrass Corn Dr.

Suite, Apt. #, etc.

Suite 204E

Suite, Apt. #, etc.

Suite 204-E

☒ CHECK HERE IF MAKING CHANGES **MRS**

City & State

Ponte Vedra Beach

City & State

Ponte Vedra Beach FL

4. FEI Number

58-2615845

Applied For

Not Applicable

Zip

32082

Country

ST. JOHNS

Zip

32082

Country

ST. JOHNS

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERMUDEZ, LUIS

**136 PLANTATION CIRCLE, SOUTH
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

Name **Bermudez Luis**

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

113 Regents Place

City

Ponte Vedra Beach

FL

Zip Code

32082

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

9/20/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PC** ☐ Delete
NAME **BERMUDEZ, LUIS**
STREET ADDRESS **136 PLANTATION CIRCLE, SOUTH**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **VC** ☐ Delete
NAME **BERMUDEZ, JALENE**
STREET ADDRESS **136 PLANTATION CIRCLE, SOUTH**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☒ Change ☐ Addition
NAME **Bermudez Luis**
STREET ADDRESS **113 Regents Place**
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE **VC** ☐ Change ☐ Addition
NAME **Bermudez Jalene**
STREET ADDRESS **113 Regents Place**
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/03

904 280-8813

Date

Daytime Phone #

CR2E034 (4/03)