

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90059 029 ***150.00

DOCUMENT # **F98000005722**



1. Entity Name
M.G.A., INC.

Principal Place of Business
**FOUR RIVERCHASE RIDGE
SUITE 100
BIRMINGHAM AL 35244**

Mailing Address
**FOUR RIVERCHASE RIDGE
SUITE 100
BIRMINGHAM AL 35244**

JUUUJUUUU



2. Principal Place of Business
900 W. MAIN ST
Suite, Apt. #, etc.

3. Mailing Address
900 W. MAIN ST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DOTHAN AL

City & State
DOTHAN AL

4. FEI Number **63-0897651**

Applied For
 Not Applicable

Zip **36301** Country **HOUSTON**

Zip **36301** Country **HOUSTON**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION SERVICE COMPANY~~
**1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **C MALUGEN, JOE T**
STREET ADDRESS **900 WEST MAIN STREET**
CITY-ST-ZIP **DOTHAN AL 36301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V ROY, J S**
STREET ADDRESS **900 WEST MAIN STREET**
CITY-ST-ZIP **DOTHAN AL 36301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VS TODD, S P**
STREET ADDRESS **739 WEST MAIN STREET**
CITY-ST-ZIP **DOTHAN AL 36301**

TITLE Change Addition
NAME
STREET ADDRESS **900 WEST MAIN ST**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Josephine Delwington* VP-Controller 1/27/03 334-677-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)