

# 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**

**JUUGJUGG**



2. Principal Place of Business  
**900 W. MAIN ST**

3. Mailing Address  
**900 W. MAIN ST**

Suite, Apt. #, etc.

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 **C** ☐ Delete  
NAME **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 **V** ☐ Delete  
NAME **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 **VS** ☐ Delete  
NAME **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  
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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: *Jonathan P. Controller* 1/27/03 334-677-2108  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)