

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90008 031 ***150.00

0136679 AT

DOCUMENT # F99000000216

1. Entity Name
MGA EMPLOYEE SERVICES, INC.

Principal Place of Business
2800 NORTH 44TH ST.
SUITE 300
PHOENIX AZ 85008-1560

Mailing Address
2800 NORTH 44TH ST.
SUITE 300
PHOENIX AZ 85008-1560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

86-0929639

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CP
WICHANSKY, MARK
4250 E. CAMELBACK RD. STE K-156
PHOENIX AZ 85018

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

D
ZOWINE, DAVID
4250 E. CAMELBACK RD. STE K-156
PHOENIX AZ 85018

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13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/01 (402) 508-1883

CR2E034 (5/01)

Attachment
D#F99000000216
A0071820

July 7, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: MGA Employee Services, Inc.
FEIN: 86-0929639

Dear Ms. Harris,

I ask that you please waive the late filing penalty for MGA Employee Services, Inc. I have just come on as the company's new controller. We have found a few items that were not maintained, and it appears that your corporate renewal was one of these. We will be making up a master chart of corporate renewal dates so this does not occur again.

Thank you for considering our request.

Sincerely,



Laura Lee Laundre