

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90125 018 ****50.00

DOCUMENT # L01000002067

1. Entity Name

MAG CONSULTING, LLC

Principal Place of Business

**104 INAGUA LANE
BONITA SPRINGS FL 34134**

Mailing Address

**104 INAGUA LANE
BONITA SPRINGS FL 34134**

2. Principal Place of Business

195 Bayfront Dr.

3. Mailing Address

195 Bayfront Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Sprgs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

26-4422215

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNETT, LISA ESQ.
C/O CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVE. SOUTH, STE. 201
NAPLES FL 34102**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARY ANN GIBSON, MGRM ☐ Delete
195 BAYFRONT DR.
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MARY ANN GIBSON

3-20-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)