

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90090 010 ****50.00

DOCUMENT # L01000021056

1. Entity Name

MAG, ENTERPRISES, LLC



Principal Place of Business

**3385 OLD KEYSTONE RD
TARPON SPRINGS FL 34689**

Mailing Address

**P.O. BOX 8365
CLEARWATER FL 33758**

20014092



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

3385 OLD KEYSTONE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TARPON SPRINGS, FL

4. FEI Number

03-0379597

Applied For

Not Applicable

Zip

Country

Zip

34689

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECKARD, ROBERT D
777 ALDERMAN RD.
PALM HARBOR FL 34683**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ECKARD, ROBERT**
STREET ADDRESS **1106 LAGO VISTA BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☒ Change ☐ Addition
NAME **777 ALDERMAN RD.**
STREET ADDRESS **PALM HARBOR, FL**
CITY-ST-ZIP **34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

1/18/03

727-786-5000

CR2E083 (10/02)