

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90039 014 ***150.00

DOCUMENT # P00000062717

1. Entity Name

MAGNASERV ENTERPRISES, INC.

Principal Place of Business

**2862 S E MONROE STREET
 STUART FL 34997
 US**

Mailing Address

**38955 CHAPARRAL DRIVE
 TEMECULA CA 92592**

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

65-1021242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPOONER, LEN
 2440 SE FEDERAL HIGHWAY SUITE M
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name

SPOONER, LEN

Street Address (P.O. Box Number is Not Acceptable)

2862 S.E. Monroe Street

City

STUART

FL

Zip Code

34997

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 **Len Spooner CEO**

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **D** ☐ Delete
 NAME **SPOONER, LEN**
 STREET ADDRESS **38955 CHAPARRAL DRIVE**
 CITY-ST-ZIP **TEMECULA CA 92592**

TITLE **D** ☐ Delete
 NAME **PEARSON, GREGG**
 STREET ADDRESS **1533 S W URBINO AVENUE**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **D** ☐ Delete
 NAME **GEARIN, JOHN**
 STREET ADDRESS **1542 SE COLLETTE CT**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5061 SE. GREAT POCKET TRAIL**
 CITY-ST-ZIP **STUART, FL 34997**

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

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Len Spooner CEO

Date

4/25/02

Daytime Phone #

**561
 260-7085**

CR2E034 (9/01)