

# 2002 UNIFORM BUSINESS REPORT (UBR)

6/18

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90486 019 \*\*\*550.00

**DOCUMENT # P01000026144**

1. Entity Name

**MAGLOBAL CORPORATION**

Principal Place of Business

**4824 SHETLAND AVE  
TAMPA FL 33615**

Mailing Address

**4824 SHETLAND AVE  
TAMPA FL 33615**

96993

2. Principal Place of Business

**6107 Memorial Hwy #C**

3. Mailing Address

**6107 Memorial Hwy #C**

Suite, Apt. #, etc.

**Suite C**

Suite, Apt. #, etc.

**Suite C**

City & State

**Tampa FL**

City & State

**Tampa FL**

Zip

**33615**

Country

**USA**

Zip

**33615**

Country

**USA**

4. FEI Number

**593702982**  
~~3900218747783~~

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AOWELL, MARK**

**4824 SHETLAND AVE  
TAMPA, FL 33615**

7. Name and Address of New Registered Agent

Name

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

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 \$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 **DP** ☐ Delete  
NAME **ADWELL, MARK**  
STREET ADDRESS **4924 SHETLAND AVE**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **DV** ☐ Delete  
NAME **RIBLEY, LARRY**  
STREET ADDRESS **8555 W HILLSBOROUGH AVE**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK A ADWELL**

Date

**5/6/02**

Daytime Phone #

**813 901 8226**

CR2E034 (9/01)