

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90058 027 ***150.00

DOCUMENT # P02000053362

1. Entity Name
MAGSTRIPE, INC.



Principal Place of Business
**3926 S KINGS AVE APT B
BRANDON FL 33511**

Mailing Address
**3926 S KINGS AVE APT B
BRANDON FL 33511**

2. Principal Place of Business

6105 Kiteridge Dr

Suite, Apt. #, etc.

City & State

Lithia, FL

Zip

33547

Country

Hillsborough

3. Mailing Address

6105 Kiteridge Dr.

Suite, Apt. #, etc.

City & State

Lithia, FL

Zip

33547

Country

Hills



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0788157

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PARKER, JOHN W
3926 S KINGS AVE APT B
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

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

6105 Kiteridge Dr

City

Lithia

FL

Zip Code

33547

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

John W. Parker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **President Wes Parker**
STREET ADDRESS **6105 Kiteridge Dr**
CITY-ST-ZIP **Lithia, FL 33547**

TITLE ☐ Delete

NAME **Secretary Sharon L. Parker**
STREET ADDRESS **6105 Kiteridge Dr**
CITY-ST-ZIP **Lithia, FL 33547**

TITLE ☐ Delete

NAME **Secretary Sharon L. Parker**
STREET ADDRESS **6105 Kiteridge Dr**
CITY-ST-ZIP **Lithia, FL 33547**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon L. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-03

Date

813-661-5796

Daytime Phone #

CR2E034 (10/02)