


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90199 046 ***150.00

DOCUMENT # P02000054168	
1. Entity Name MAGSTAR COMPUTER SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14692 SEMINOLE TRAIL		3. Mailing Address P.O. BOX 40554	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SEMINOLE, FL		City & State S. PETERSBURG, FL	
Zip 33776	Country USA	Zip 33743	Country USA

DO NOT WRITE IN THIS SPACE

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		Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name MILENA M. SMITH	
		Street Address (P.O. Box Number is Not Acceptable) 14692 SEMINOLE TRAIL	
		City SEMINOLE FL Zip Code 33776	

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 **MILENA M. SMITH (MILENA M. SMITH Vice President & Treasurer) 2/19/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL N. SMITH 14692 SEMINOLE TRAIL SEMINOLE FL, 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MILENA M. SMITH 14692 SEMINOLE TRAIL SEMINOLE, FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **MILENA M. SMITH (MILENA M. SMITH) 2/19/03 727-596-1884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)