

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90307 016 ***150.00

DOCUMENT # P98000012344

1. Entity Name
MAGTRAV, INC.

Principal Place of Business
13350 W COLONIAL DR
STE 350
WINTER GARDEN FL 34787

Mailing Address
13350 W COLONIAL DR
STE 350
WINTER GARDEN FL 34787



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5837 Dahlia Dr
 Suite, Apt. #, etc.
NA

5837 Dahlia Dr.
 Suite, Apt. #, etc.
NA

City & State
Orlando FL
 Zip
32807 Country

City & State
Orlando FL
 Zip
32807 Country

4. FEI Number
59-3486130

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURBIN, RONALD E
10555 WOODCHASE CIRCLE
ORLANDO FL 32836

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
DUBIN, RONALD E
10555 WOODCHASE CIRCLE
ORLANDO FL 32836 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
FISHER, C L
6105 ORANGE HILL CT
ORLANDO FL 32819 ☐ Delete

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

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

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: **RONALD E. DURBIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

407-876-6163

Daytime Phone #

CR2E034 (9/01)