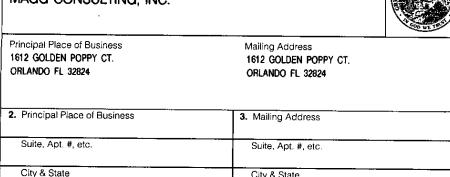
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P99000021606

1. Entity Name

MAGG CONSULTING, INC.



**FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90030 041 \*\*\*150.00

ORLANDO FL	N POPPY CT. L 32824			1612 GOLDEN POPPY CT. ORLANDO FL 32824				)			
2. Principal i	Place of Busin	ness	<b>3.</b> Ma	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. FEI Number 59-3562374 Applied For			
Zip Country			Zip	Zip		Country		Certificate of Status Desired	\$8.75 A		
	6. Name	and Address of Curre	nt Register	ed Agent	<u> </u>	T	7.	Name and Address of New Registered	Fee Requi	rea	
						Name					
GUMTIE, LILOUTIE							Street Address (P.O. Box Number is Not Acceptable)				
1612 GOLDEN POPPY CT.				Street Add			iess (P.O. E	ss (P.O. Box Number is Not Acceptable)			
ORLANDO	D FL 32824								***************************************		
			City	-	F						
<ol><li>The above the obligat</li></ol>	e named entity tions of regist	y submits this statement ered agent.	for the pur	oose of changing its	s register	ed office or rec	gistered ag	ent, or both, in the State of Florida. I an	n familiar with	, and accept	
SIGNATURE .											
		or printed name of registered age	ent and title if ap	plicable. (NOT	E: Registere	d Agent signature re	equired when re	einstating) DATE		<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						00		Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
IO. OFFICERS AND DIRECTORS					11.	11.		I DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11	
ITLE IAME STREET ADORESS ITY-ST-ZIP	D Gumtie, L 1612 Goli Orlando	DEN POPPY CT.		☐ Delete					☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	·		8	☐ Defete					☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ( ITY-ST-ZIP		-		_ ☐ Delete					☐ Change	☐ Addition	
ITLE Ame Treet address ITY-ST-ZIP	•			☐ Delete		I .			Change	Addition	
tle Ame Treet address Ty-st-zip				☐ Delete		1			☐ Change	Addition	
TLE AME REET ADDRESS TY-ST-ZIP 2. I hereby co	ertify that the	information supplied wil	h this filing	☐ Delete  Delete	CITY-	T ADDRESS ST-ZIP	n Section 1	19.07(3)(i), Florida Statutes. I further ce	☐ Change	Addition	

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: