


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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90112 014 ***150.00

DOCUMENT # *F02 000000828*
1. Entity Name
MG Consultants, Inc.



J0020037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11341 Cypress Reserve Dr.
Suite, Apt. #, etc.

3. Mailing Address
11341 Cypress Reserve Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0451765 Applied For Not Applicable

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

City & State Tampa, FL City & State Tampa, FL

Zip 33626 Country USA Zip 33626 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gus R. Reece

Street Address (P.O. Box Number is Not Acceptable)
11341 Cypress Reserve Dr

City Tampa FL Zip Code 33626

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 *Gus R. Reece* DATE 1/31/2003

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gus R. Reece 11341 Cypress Reserve Dr. Tampa, FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Matthew D. Bigler 5600 Daybreak Dr. Reno NV 89523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ginger Reece 11341 Cypress Reserve Dr. Tampa FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Alison Bigler 5600 Daybreak Dr. Reno NV 89523	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gus R. Reece* DATE 1/31/2003 (813)818-7097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)