

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90262 026 ***550.00

DOCUMENT # P00000062717

1. Entity Name

MAGNASERV ENTERPRISES, INC.

Principal Place of Business

**38955 CHAPARRAL DRIVE
 TEMECULA CA 92592**

Mailing Address

**38955 CHAPARRAL DRIVE
 TEMECULA CA 92592**

2. Principal Place of Business

2862 S.E. Monroe St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Zip

34997

Country

USA

Zip

Country

4. FEI Number

65-1021242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPOONER, LEN

**2440 SE FEDERAL HIGHWAY SUITE M
 STUART FL 34994**

7. Name and Address of New Registered Agent

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 **Len Spooner**

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

(NOTE: Registered Agent signature required when reinstating)

8/29/2001

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE ☐ Delete
 NAME **D SPOONER, LEN**
 STREET ADDRESS **38955 CHAPARRAL DRIVE**
 CITY-ST-ZIP **TEMECULA CA 92592**

TITLE ☐ Delete
 NAME **D PEARSON, GREGG**
 STREET ADDRESS **1533 S.W. URBINO AVENUE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE ☐ Delete
 NAME **D GEARIN, JOHN**
 STREET ADDRESS **1298 S.W. PARMA AVE.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
 NAME
 STREET ADDRESS **1542 S.E. Collette Ct.**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

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

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

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

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:

SIGNATURE RECEIVED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Len Spooner

8/29/2001

Date

(561) 260 7085

Daytime Phone #

CR2E034 (5/01)