

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90045 013 ***150.00

DOCUMENT # H53045
 1. Entity Name
MACK LAW FIRM, CHARTERED

Principal Place of Business Mailing Address
~~2022 PLACIDA RD.~~ ~~2022 PLACIDA RD.~~
ENGLEWOOD FL 34224 **ENGLEWOOD FL 34224**

2. Principal Place of Business 3. Mailing Address
80 W. Dearborn St **80 W. Dearborn St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Englewood FL **Englewood FL**
 Zip Country Zip Country
34223-3235 USA **34223-3235 USA**

4. FEI Number Applied For
59-2541051 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MACK, KERRY E.
~~2022 PLACIDA RD.~~ **2070 Georgia Avenue**
ENGLEWOOD FL 34224-5416

7. Name and Address of New Registered Agent
 Name **Mack, Kerry E.**
 Street Address (P.O. Box Number is Not Acceptable)
2070 Georgia Avenue
 City **Englewood FL** Zip Code **34224-5416**

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]* DATE **1/14/02**
Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MACK, KERRY E.	
STREET ADDRESS	2022 PLACIDA 2070 Georgia Avenue	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	MACK, JACQUelyn	
STREET ADDRESS	101 S MANGO ST.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE **1/14/02** DAYTIME PHONE # **941 475-7966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)