

05-05-2003 91870 039 \*\*\*150.00

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

**DOCUMENT # P0000106581**

1. Entity Name  
**MACS INC.**

Principal Place of Business  
 906 MANATEE AVE EAST  
 BRADENTON, FL 34208

Mailing Address  
 2321 14TH AVE. WEST  
 BRADENTON, FL 34205

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**CENTRAL CAFE**  
 Suite, Apt. #, etc.  
**406 MANATEE AVE. EAST**

City & State  
**BRADENTON, FL**

Zip  
**34208**

Country  
**MANATEE**

4. FEI Number  
**65-1088309**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRIFE, MARC A**  
 2321 14TH AVE. WEST  
 BRADENTON, FL 34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **4-28-03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing.)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PVST</b>	NAME <b>CRIFE, MARC A</b>	<input type="checkbox"/> Delete	TITLE <b>PVST</b>
STREET ADDRESS <b>2321 14TH AVENUE</b>	CITY-ST-ZIP <b>WEST BRADENTON, FL 34205</b>		NAME <b>CRIFE, MARC A</b>
			STREET ADDRESS <b>1417 50th Ave Dr W</b>
			CITY-ST-ZIP <b>Palmetto, FL 34221</b>
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>CAS</b>	NAME <b>CRIFE, MARC A</b>	<input type="checkbox"/> Delete	TITLE <b>CAS</b>
STREET ADDRESS <b>2321 14TH AVENUE</b>	CITY-ST-ZIP <b>WEST BRADENTON, FL 34205</b>		NAME <b>CRIFE, MARC A</b>
			STREET ADDRESS <b>1417 50th Ave Dr W</b>
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			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>AT</b>	NAME <b>CRIFE, MARC A</b>	<input type="checkbox"/> Delete	TITLE <b>AT</b>
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			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY-ST-ZIP		NAME
			STREET ADDRESS
			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS	CITY-ST-ZIP		NAME
			STREET ADDRESS
			CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-28-03** 941-757-0050

Signature, typed or printed name of signing officer or director.

CR20034 (10/02)