

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90091 009 \*\*\*150.00

DOCUMENT # **P98000027486**



1. Entity Name  
**MAC & MAC INDUSTRIES, INC.**

Principal Place of Business  
**22041 US HWY 19 N  
CLEARWATER FL 33765**

Mailing Address  
**22041 US HWY 19 N  
CLEARWATER FL 33765**

2. Principal Place of Business  
**4126 LOUIS AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**4126 LOUIS AVE**  
Suite, Apt. #, etc.

City & State  
**HOLIDAY FL**

City & State  
**HOLIDAY FL**

4. FEI Number **59-3500431**

Applied For  
 Not Applicable

Zip Country  
**34691 USA**

Zip Country  
**34691 USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MACINTYRE, BRUCE JR  
22041 US HWY 19 N  
CLEARWATER FL 33765**

Name **SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**4126 LOUIS AVE**  
City **HOLIDAY FL** Zip Code **34691**

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

(NOTE: Registered Agent signature required when reinstating)

**1/15/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MACINTYRE, BRUCE K SR 2653 BARKSDALE COURT CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MACINTYRE, BRUCE JR 427 DENISE STREET TARPON SPRINGS FL 34689</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE 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)(f), 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: *Bruce Macintyre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/03**  
Date

**(727) 934-3900**  
Daytime Phone #

CR2E034 (10/02)



CHECK HERE IF MAKING CHANGES