

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 285906

1. Entity Name
MAC PAPERS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90120 027 ***150.00

Principal Place of Business
3300 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207
US

Mailing Address
POST OFFICE BOX 5369
JACKSONVILLE FL 32247-5369
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1059698		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCGEEHEE, THOMAS R. 3300 PHILLIPS HWY JACKSONVILLE FL 32207		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 _____ DATE _____
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. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCGEEHEE, F S 3300 PHILLIPS HWY JACKSONVILLE, FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS ROGERS, JONATHAN Y. 3300 PHILLIPS HWY JACKSONVILLE, FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGEEHEE, SUTTON 3300 PHILLIPS HWY JACKSONVILLE, FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCGEEHEE, T R 3300 PHILLIPS HWY JACKSONVILLE, FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MC GEHEE, T.R., JR. 3300 PHILLIPS HWY JACKSONVILLE FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MC GEHEE, D.S. 3300 PHILLIPS HWY JACKSONVILLE FL 0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32207

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: Sutton McGehee President 4/18/00 904.348-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)