

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90011 010 \*\*\*150.00

**DOCUMENT # 315566**

1. Entity Name  
**MAC ASSOCIATES, INC.**

Principal Place of Business                      Mailing Address  
**729 SKYLOCK DR. N                                      729 SKYLOCK DR.- N**  
**DUNEDIN FL 34698                                      DUNEDIN FL 34698**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State    City & State

Zip    Zip    Country    Country

4. FEI Number                      **59-1162782**                      Applied For  
 Not Applicable

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

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

**CURTIS, ROBERT H**  
**729 SKYLOCK DR, N**  
**DUNEDIN FL 34698**

**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 \_\_\_\_\_ 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)

**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.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CURTIS, ROBERT H</b>	
STREET ADDRESS	<b>2024 DRUID ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CURTIS, HAZEL L</b>	
STREET ADDRESS	<b>1012 PEARCE DR.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CURTIS, WILMA C</b>	
STREET ADDRESS	<b>2024 DRUID ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
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: Robert H. Curtis                      **ROBERT H. CURTIS**                      4/10/2000                      727-733-4038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)