

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 040 ***150.00

0696624 FP

DOCUMENT # 315566

1. Entity Name
MAC ASSOCIATES, INC.



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

Mailing Address
**729 SKYLOCK DR. N
DUNEDIN FL 34698**



2. Principal Place of Business

2024 Druid Rd

Suite, Apt. #, etc.

3. Mailing Address

2024 Druid Rd

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL

4. FEI Number

59-1162782

Applied For

Not Applicable

Zip

33764

Country

FLORIDA

Zip

33764

Country

FLORIDA

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 **ROBERT H. CURTIS**
Street Address (P.O. Box Number is Not Acceptable)
2024 DRUID RD.
City **CLEARWATER** FL Zip Code **33764**

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

Robert H. Curtis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CURTIS, ROBERT H	
STREET ADDRESS	2024 DRUID ROAD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CURTIS, HAZEL L	
STREET ADDRESS	1012 PEARCE DR.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CURTIS, WILMA C	
STREET ADDRESS	2024 DRUID ROAD	
CITY-ST-ZIP	CLEARWATER FL	
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		

11. 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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Robert H. Curtis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 727-447-7365

Date

Daytime Phone #

CR2E034 (10/02)