

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

0693624 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

7. Name and Address of New Registered Agent

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

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**

DATE **4/29/03**

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

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTIS, ROBERT H 2024 DRUID ROAD CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURTIS, HAZEL L 1012 PEARCE DR. CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURTIS, WILMA C 2024 DRUID ROAD CLEARWATER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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)(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 Robert H. Curtis** DATE **4/29/03** DAYTIME PHONE # **727-447-7365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)