

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380121

1. Entity Name

RED-MACK, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90019 001 ***150.00

Principal Place of Business

Mailing Address

369 INDIAN BEND
ST. AUGUSTINE FL 32095

369 INDIAN BEND
ST. AUGUSTINE FL 32095-6132

2. Principal Place of Business

438 Gerona Rd

3. Mailing Address

438 GERONA Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine, FL

City & State

St Augustine, FL

Zip

Country

32086 ST Johns

Zip

Country

32086 ST Johns

4. FEI Number

59-1412387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MC ELROY, JOAN E.
369 INDIAN BEND RD.
ST AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name

MC ELROY, JOAN E

Street Address (P.O. Box Number is Not Acceptable)

438 GERONA Rd

City

St Augustine

FL

Zip Code

32086

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

Joan E McElroy

JOAN E MC ELROY, Pres.

031400

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	MC ELROY, JOAN E.	
STREET ADDRESS	369 INDIAN BEND RD.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC ELROY, JOAN E	
STREET ADDRESS	369 INDIAN BEND RD.	
CITY-ST-ZIP	ST AUGUSTINE 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC ELROY, JOAN E	
STREET ADDRESS	438 GERONA Rd	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC ELROY, JOAN E	
STREET ADDRESS	438 GERONA Rd.	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
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		

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:

Joan E McElroy

JOAN E MC ELROY, Pres.

031400

904-794-1765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)