

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 460839

1. Entity Name  
MAC MCKENDRICK, INC.

FILED  
Apr 16, 2002 8:00 am  
Secretary of State

04-16-2002 90141 025 \*\*\*150.00

Principal Place of Business  
2616 SOUTHERN OAKS PL  
PLANT CITY FL 33567  
US

Mailing Address  
2616 SOUTHERN OAKS PL  
PLANT CITY FL 33567  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1551400

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCKENDRICK, E. G.  
2616 SOUTHERN OAKS PLACE  
PLANT CITY FL 33567

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	MCKENDRICK, E. G.	2616 SOUTHERN OAKS PLACE PLANT CITY FL 33567				
	V	DUSSE, SHERI L.	4107 ELIOT PLACE PLANT CITY FL				
	VST	MCKENDRICK, SHARON E.	2616 SOUTHERN OAKS DRIVE PLANT CITY FL 33567				

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:

*E. G. Mckendrick*  
E. G. MCKENDRICK

4/15/02

(813) 754-5944

Date

Daytime Phone #

CR2E034 (9/01)