

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547824

1. Entity Name

THE A-MACKE CORPORATION

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90037 018 ***150.00

Principal Place of Business

Mailing Address

400 N TAMPA ST
 SUITE 1100
 TAMPA FL 33602
 US

400 TAMPA ST
 SUITE 1100
 TAMPA FL 33602-4714
 US

2. Principal Place of Business

3. Mailing Address

601 E. Twiggs

601 E. Twiggs

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33602

USA

33602

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTON, RICHARD
 4108 W MANGO AVE
 SUITE 3016
 TAMPA FL 33616

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME S
 STREET ADDRESS PORTON, RICHARD
 CITY-ST-ZIP 4108 W MANGO AVE
 TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS PORTON, RICHARD
 CITY-ST-ZIP 4108 W MANGO AVE
 TAMPA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS ABRAMSON, LINDA
 CITY-ST-ZIP 400 TAMPA ST, STE 1100
 TAMPA FL 33602

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)