2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90017 018 ***150.00

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DOCUMENT # F95000004404

1. Entity Name
HENRY MACLIN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
200 GULFSHORE DRIVE DESTIN FL 32541	200 GULFSHORE DRIVE DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
662 Highway 98 E	
Suite, Apt. #, etc.: 750	Suite, Apt. #, etc.: 750 E
City & State: DESTIN, FL. 32541	City & State
Zip / Country	Zip / Country

4. FEI Number 54-1217497 ☐ Applied For ☐ Not Applicable

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
MACLIN, HENRY W JR. 200 GULF SHORE DR. DESTIN FL 32541	Name: HENRY W. MACLIN JR Street Address (P.O. Box Number is Not Acceptable): 662 Highway 98 E # 150 City: DESTIN, FL **FL** Zip Code: 32541

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: Henry W Maclin Jr 3/1/01
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, 2001 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	PSD MACLIN, HENRY W JR. 200 GULFSHORE DRIVE DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MACLIN, HENRY W III 147 INDIAN BAYOU DR. DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Henry W Maclin Jr PRES. 3/1/01 850-654-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #