

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001642

1. Entity Name
TOLEMAC, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90097 050 ***150.00

Principal Place of Business
11655 CENTRAL PKWY
#302
JACKSONVILLE FL 32224

Mailing Address
P.O. BOX 58028
JACKSONVILLE FL 32241

2. Principal Place of Business

3. Mailing Address
11655 Central Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

Zip

Country

Zip
32224

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1245561

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

ELKINS, MARILYN
1517 SEASONS POINT CT.
APOPKA FL 32712

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGEHEE, CLIFFORD G III	
STREET ADDRESS	11655 CENTRAL PKWY STE 302	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELKINS, MARILYN M	
STREET ADDRESS	1517 SEASONS POINT CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNETT, SONYA	
STREET ADDRESS	11655 CENTRAL PKWY STE 302	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGEHEE, CLARA	
STREET ADDRESS	11655 CENTRAL PKWY STE 302	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGEHEE, DOROTHY B	
STREET ADDRESS	6740 EPPING WAY-FOREST WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELKINS, WARNER	
STREET ADDRESS	1517 SEASONS POINT COURT	
CITY-ST-ZIP	APOPKA FL 32712	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Clifford McGehee

Date

1/8/01

Daytime Phone #

904-998-9339

CR2E034 (10/00)

0019742