

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004086

1. Entity Name

MACH ONE SERVICES INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 009 ***150.00

Principal Place of Business

P.O. BOX 4116
VERO BEACH FL 32964

Mailing Address

P.O. BOX 4116
VERO BEACH FL 32964

2. Principal Place of Business

1805 19th Pl
Suite, Apt. #, etc.
201

3. Mailing Address

PO BOX 4116
Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach

Zip

Country

32960

Zip

Country

32964

4. FEI Number

65-0876305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIELD, MARY ANN

1511 U.S. HIGHWAY ONE, SUITE 202
SEBASTIAN FL 32965

7. Name and Address of New Registered Agent

Name

MARY ANN FIELD

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

1805 19th Pl. #201

City

VERO BEACH

FL

Zip Code

32960

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

TITLE	P	<input type="checkbox"/> Delete
NAME	FIELD, MARY ANN	
STREET ADDRESS	656 DAHLIA LANE	
CITY-ST-ZIP	VERO BEACH FL 32964	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FIELD, THEODORE	
STREET ADDRESS	656 DAHLIA LANE	
CITY-ST-ZIP	VERO BEACH FL 32964	
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	<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:

Mary Ann Field

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)