

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State
 03-15-2002 90014 008 ***150.00

03640038 AV

DOCUMENT # H41404

1. Entity Name
MACKIN ENTERPRISES, INC.

Principal Place of Business

3688 SW 13TH TERR.
OKEECHOBEE FL 34974
US

Mailing Address

3688 SW 13TH TERR
OKEECHOBEE FL 34974
US

2. Principal Place of Business

3688 SW 13th Terr.
 Suite, Apt. #, etc.

3. Mailing Address

3688 SW 13th Terr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Okeechobee Fl.
34974 US

City & State

Okeechobee Fl.
34974 US

4. FEI Number

59-2501667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKIN, EMMA FAYE
3688 SW 13TH TERRACE
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

N/A

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 **Emma Faye Mackin** **Emma Faye Mackin** **3-5-02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

TITLE **VD** ☐ Delete
NAME **MACKIN, WALTER**
STREET ADDRESS **3688 SW 13TH TERRACE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **PD** ☐ Delete
NAME **MACKIN, EMMA FAYE**
STREET ADDRESS **3688 SW 13TH TERRACE**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: **Emma Faye Mackin**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02 (863) 763-0783
 Date Daytime Phone #

CRE034 (9/01)