

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77450

1. Entity Name

GOMAC ENTERPRISES, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90056 001 ***150.00

Principal Place of Business

Mailing Address

3101 PGA BLVD
A105
PALM BEACH GARDENS FL 33410-2812
US

3101 PGA BLVD
A105
PALM BEACH GARDENS FL 33410-2812
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2572814

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

MACGREGOR, RICHARD
C/O THE MOLE HOLE
3101 PGA BLVD A105
PALM BEACH GARDENS FL 33410

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	D	<input type="checkbox"/> Delete
NAME	MACGREGOR, CHARLES	
STREET ADDRESS	3101 PGA BLVD A105	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	MACGREGOR, DONALD	
STREET ADDRESS	3101 PGA BLVD A105	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MACGREGOR, RICHARD	
STREET ADDRESS	3101 PGA BLVD A105	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACGREGOR, SHIRLEY	
STREET ADDRESS	3101 PGA BLVD A105	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Donald C. MacGregor DONALD C. MACGREGOR 4/21/00 561 775-5975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)