

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91041 008 ***150.00

DOCUMENT # H77450

1. Entity Name
GOMAC ENTERPRISES, INC.



Principal Place of Business
**3101 PGA BLVD
A105
PALM BEACH GARDENS FL 33410-2812
US**

Mailing Address
**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

4. FEI Number **59-2572814**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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 checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACGREGOR, DONALD	
STREET ADDRESS	3101 PGA BLVD A105	
CITY-ST-ZIP	PALM BEACH GARDENS, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S HAMILTON, SHELLEY	
STREET ADDRESS	3101 PGA BLVD A105	
CITY-ST-ZIP	PALM BEACH GARDENS, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald C. MacGregor, Pres.* **3/21/03 561-775-3141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)