

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90013 018 ***150.00

DOCUMENT # H78819

1. Entity Name

M.I.M.A.C., INC.

Principal Place of Business

Mailing Address

14070 W. PARSLEY DR.
MADEIRA BEACH FL 33708-2351

14070 W. PARSLEY DR.
MADEIRA BEACH FL 33708-2351

2. Principal Place of Business

3. Mailing Address

11375
Suite, Apt. #, etc.

68 Ave N
Suite, Apt. #, etc.

City & State

Seminole

City & State

FL

4. FEI Number

59-2586636

Applied For

Not Applicable

Zip 33772

Country USA

Zip 33772

Country USA

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

MCCANN, MARY M
14070 W. PARSLEY DR.
MADEIRA BEACH FL 33708-2351

Name Charles C McCann

Street Address (P.O. Box Number is Not Acceptable)
11375 68 Ave N

City Seminole

FL

Zip Code 33772

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

Charles C McCann
(NOTE: Registered Agent signature required when reinstating)

5/15/2000
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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | MCCANN, MARY M. | |
| STREET ADDRESS | 14070 W. PARSLEY DR. | |
| CITY-ST-ZIP | MADEIRA BCH FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MCCANN, CHARLES | |
| STREET ADDRESS | 14070 W. PARSLEY DR. | |
| CITY-ST-ZIP | MADEIRA BCH FL | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | MCCANN, JOSEPH | |
| STREET ADDRESS | 14070 W. PARSLEY DR. | |
| CITY-ST-ZIP | MADEIRA BCH 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------|---|
| TITLE | | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHARLES MCCANN | |
| STREET ADDRESS | 11375-68th AVE N | |
| CITY-ST-ZIP | SEMINOLE, FL 33772 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCANN, CHARLES | |
| STREET ADDRESS | 11375-68th AVE N | |
| CITY-ST-ZIP | SEMINOLE, FL 33772 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCANN, JOSEPH | |
| STREET ADDRESS | P.O. BOX 8473 | |
| CITY-ST-ZIP | MADEIRA BEACH, FL 33708 | |
| 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: Charles C McCann 5/15/2000 727-398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7135

CR2E034 (9/99)