

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-28-2001 90005 019 ***150.00

DOCUMENT # J24296		1. Entity Name	
MACS INVESTORS			
Principal Place of Business		Mailing Address	
518 BUNKERS COVE ROAD		518 BUNKERS COVE ROAD	
PANAMA CITY, FL 32401		PANAMA CITY, FL 32401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number		Applied For	
59-2701650		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent			
ARMSTRONG, LARRY			
518 BUNKERS COVE ROAD			
PANAMA CITY, FL 32401			
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.			
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)		10. Election Campaign Financing Trust Fund Contribution.	
<input type="checkbox"/>		<input type="checkbox"/>	
FILE NOW!!! FEE IS \$150.00		\$5.00 May Be Added to Fees	
After MAY 1, 2001 Fee will be \$550.00		Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
DP	OVERSTREET, DEBORAH M	D	LARRY ARMSTRONG
STREET ADDRESS	221 MCKENZIE AVE	STREET ADDRESS	518 BUNKERS COVE RD
CITY - ST - ZIP	PANAMA CITY, FL	CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	NAME	TITLE	NAME
D	WILSON, CHRIS K		
STREET ADDRESS	RT 1 BOX 222-A	STREET ADDRESS	
CITY - ST - ZIP	ARLTON, AL 36311	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(f), 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: LARRY ARMSTRONG 3/22/01			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			