

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 024 ***150.00

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DOCUMENT # J24296

1. Entity Name
MACS INVESTORS, INC.



Principal Place of Business
**518 BUNKERS COVE ROAD
PANAMA CITY FL 32401
US**

Mailing Address
**518 BUNKERS COVE ROAD
PANAMA CITY FL 32401
US**

2. Principal Place of Business

12525 FT. BEACH RD
Suite, Apt. #, etc.

3. Mailing Address

12525 FT. BEACH RD.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PANAMA CITY BEACH, FL

City & State
PANAMA CITY BEACH, FL

4. FEI Number **59-2701650**

Applied For
☐ Not Applicable

Zip
32407

Country
BAY

Zip
32401

Country
BAY

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

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 **ARMSTRONG, LARRY**

Street Address (P.O. Box Number is Not Acceptable)

12525 FRONT BEACH RD.

City **PANAMA CITY BEACH FL**

Zip/City **32407**

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 **LARRY ARMSTRONG**

DATE **4/15/23**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, LARRY 518 BUNKERS COVE RD PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARMSTRONG, LARRY 518 BUNKERS COVE RD PANAMA CITY FL 32401	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LARRY ARMSTRONG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/15/23**

Date

Daytime Phone #

CR2E034 (10/02)