

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90108 001 ***150.00

DOCUMENT # J28324

1. Entity Name
MAC AVIONICS, INC.



Principal Place of Business
**3434 AIRFIELD DR. W.
SUITE 2
LAKELAND FL 33811-1335
US**

Mailing Address
**3434 AIRFIELD DR. W.
SUITE 2
LAKELAND FL 33811-1335
US**

2. Principal Place of Business

3600 DRANE FIELD RD

3. Mailing Address

3600 DRANE FIELD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL.

City & State

LAKELAND FL

Zip

33811

Country

USA

Zip

33811

Country

USA

4. FEI Number **59-2756089**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, JEFFREY A.
3434 AIRFIELD DR. W. SUITE 2
LAKELAND FL 33811**

7. Name and Address of New Registered Agent

Name **MCDONALD JEFFREY A**

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

3600 DRANE FIELD RD

City

LAKELAND

FL

Zip Code

33811

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

2/3/03

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 **DP** ☐ Delete
NAME **MCDONALD, JEFFREY A.**
STREET ADDRESS **3434 AIRFIELD DR. W. SUITE 2**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3600 DRANE FIELD RD**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/03 863 646-8790

CR2E034 (10/02)