## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K10268**

1. Entity Name

## MACCHIA CODDODATION

## FILED Jan 26, 2000 8:00 am Secretary of State

MACCHIA, FAYE 2550 S SPRING GARDEN RD CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	WACCHI	A CURPURATION				01-2	26-2000 90187 04	0 ***150.0	00
1280 GRANGE CAMP RD   DELAND FL 30724   US   STORA PRICE OF Business   Sutto, Apr. #, etc.   Sutto, Apr. #,	Principal Plac	e of Business	Mailing Address						
Suito Apt #, etc.    Suito Apt #, etc.   Suito	1208 ORANGE CAMP RD DELAND FL 32724		DELAND FL 32724-7927			1 18818(†) <b>5</b> 8	. 14817 88128 11818 81181 1 <b>8</b> 11 82	- · · · <b>-</b>	. <b></b>
City & State    City & State	2. Principal Place of Business		3. Mailing Address		7				
Zip Country Zip Country S. Cartificate of Status Desired   \$8.75 Additional Prevention   \$8.75 A	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN T	THIS SPACE	
Second   S	City & State	9	City & State	· · · · · · · · · · · · · · · · · · ·	4. F	El Number	59-2872307		
MACCHIA, RICHARD A 1208 ORANGE CAMP RD DELAND FL 32724  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its interrigible Tax filtry requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  Af	Zìp	Country	Zip	Country	<b>5</b> . 0	ertificate of	Status Desired	\$8.75	Additional
MACCHIA, RICHARD A 1208 ORANGE CAMP RD DELAND FL 32724  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.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. This corporation is eligible to satisfy its intengible  9. This corporation is eligible to satisfy its intengible  9. This corporation is eligible to satisfy its intengible  9. This corporation is eligible to satisfy its intengible  9. This corporation is eligible to satisfy its intengible agent submits and the state of Florida.  10. Election Campaign Financing		6. Name and Address of Current F	legistered Agent		7. N	ame and A	ddress of New Registe		·
1208 ORANGE CAMP RD DELAND FL 32724  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  9. This corporation is eligible to safety its Intangible Tax filing requirement and elects to do so. (See criteria on back) (See criteria on back)  MACCHIA, RICHARD A 1208 ORANGE CAMP RD. Delan  MACCHIA, RICHARD A 1208 ORANGE CAMP RD. DELAND FL  THE NAME NAME SIREET ADDRESS ORTH-ST-2P  THE NAME				Name	· <u> </u>				
City   FL   Zip Code	1208	ORANGE CAMP RD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride.    Signature	DELA	AND FL 32724		City				FI Zip	 Code
SIGNATURE  9. This corporation is eligible to sairsty its Intenglible Tax filing requirement and elects to do so. (See critaria on back)   Make Check Payable to Department of State   State Apprentic Name   Street Apprentic							<del></del>	PL	
9. This corporate name of requisered speer any list is finding list. 9. This corporation is eligible to satisfy its Intangial Tax filling requirement and elects to do so a (See criteria back)  The post of provide the provide the provide the provide the pack of the pack	8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regi	istered age	ent, or both,	in the State of Florida.		
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Tax filing requirement and elects to do so.  (See criteria on back)    Comparison	<del></del> _	Signature, typed or printed name of registered agent ar			dringa wueu rei	nstating) 			
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included as the second or supplied that the and applied and that my singular shall have the same lead affect as it made under eath that I am an officer or director		certify that the information supplied with	this filing does not qualify for		n Section 1	19.07(3)(i),	Florida Statutes, I furth	er certify that	the information

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date