

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90183 041 \*\*\*\*50.00

**DOCUMENT # L01000017096**

1. Entity Name

**MAC-TWO SOUTH, L.L.C.**

Principal Place of Business

**931 OLIVE COURT  
MARCO ISLAND FL 34145**

Mailing Address

**931 OLIVE COURT  
MARCO ISLAND FL 34145**

- 18677

2. Principal Place of Business

3. Mailing Address

**14921 32 MILE ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**ROMEO, MI**

4. FEI Number

**31-1815012**

Applied For

Not Applicable

Zip

Country

Zip

Country

**48065****USA**5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUSTAVUS, LORI R  
931 OLIVE COURT  
MARCO ISLAND FL 34145**

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 date a signature.

(NOTE: Registered Agent signature required when the agent is a corporation or partnership.)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete  
 NAME **LORI R. GUSTAVUS**  
 STREET ADDRESS **14921 32 MILE ROAD**  
 CITY-ST-ZIP **ROMEO, MI 48065**

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

TITLE **MANAGING MEMBER** ☐ Delete  
 NAME **MICHAEL GUSTAVUS**  
 STREET ADDRESS **14921 32 MILE ROAD**  
 CITY-ST-ZIP **ROMEO, MI 48065**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: LORI R. GUSTAVUS 2-6-02 586-752-1956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)