2000 UNIFORM BUSINESS REPORT (UBR)

	F7000	NESS NEFO	MI (OD)		T	H FD		
DOCUMENT # L57093 1. Entity Name		**			FILED Jul 18, 2000 8:00 am			
T-MAC SALES & SERVICE, INC.		R			Secretary of State 07-18-2000 90011 031 ***150.00			
Principal Place of Business 7098 LANE OAK BLVD. NAPLES FL 33942 US		Mailing Address 7098 LONE OAK BLVD NAPLES FL 33942 US					Marie - 11 an 11 an 12	
2. Principal Place of Business 5997 AshFord Lw Suite, Apt. #, etc.		3. Mailing Address 5997 Ashroed LN Suite, Apt. #, etc.		LN	DO NOT WRITE IN THIS SPACE			
City & State		City & State)	4. FEI Number 65-0174699 Applied For			
<u> <i>Nap</i></u> Zip	Kes , Florina	NAPLES,	Country	4	···	\$9.75 a	ot Applicable	
3411		34110	Collier		5. Certificate of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
7098 LONE OAK BLVD			Street A	of Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34109					2			
			City			FL Zip Cod	de 🔪	
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, types of 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) FILE NOW!!! FEE IS S After SEPTEMBER 13, 2000 Mir Make Check Payable to Depar			3, 2000 Min. will	be \$750.0	10. Election Campaign Fina Trust Fund Contribution		May Be d to Fees	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFI		RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, GLENN A 5126 HIGH ST. NAPLES FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOR 4701	ton, GLENN A. PONL Apple De.	L Change	☐ Addition (
TITLE	NATES TE	☐ Delete	TITLE	TAPA	5,81. 34119	☐ Change	Addition	
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.								
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SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AHachment D#157093 DW1/380

7/10/00

To Whom it may Concorn!

We moved Nov 1st 1999.

We merer received a First Notice, as.

per phone call 7/10/00 we are paying

1500 Due.

Thank you

PM Gee.