

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90054 044 ***150.00

DOCUMENT # P00000051069

1. Entity Name
J-MAC INDUSTRIES, INC.

Principal Place of Business

73 UHL PATH
PALM COAST FL 32164

Mailing Address

73 UHL PATH
PALM COAST FL 32164

2. Principal Place of Business

1504 Old Mealy Blvd.

Suite, Apt. #, etc.
SUITE 402, 406

City & State
Bunnell, Florida

Zip
32110

Country
USA

3. Mailing Address

73 UHL PATH

Suite, Apt. #, etc.

City & State
Palm Coast, FL

Zip
32164

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3652651**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, JOHN I
73 UHL PATH
PALM COAST FL 32164

7. Name and Address of New Registered Agent

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

John I. McDonough, President / *John I. McDonough Pres.* **3/10/02**

Signature, typed or 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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	MCDONOUGH, JOHN I	
STREET ADDRESS	73 UHL PATH	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCDONOUGH, JUDY B	
STREET ADDRESS	73 UHL PATH	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCDONOUGH, DARRELL E	
STREET ADDRESS	73 UHL PATH	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

John I. McDonough, President

3/10/02

386-437-3924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)