

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90471 037 ***150.00

DOCUMENT # P00000080547

1. Entity Name
MAHOGANY INTERNATIONAL, INC.

Principal Place of Business

**3549 SE 41ST PLACE
 OCALA FL 34480**

Mailing Address

**3549 SE 41ST PLACE
 OCALA FL 34480**

2. Principal Place of Business

3549 SE 41st Place

3. Mailing Address

3549 SE 41st Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

Marion

Zip

34480

Country

Marion

4. FEI Number

59-3667475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Patrick O. McBride**

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

3549 SE 41st Place

City

Ocala

FL

Zip Code

34480

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

Patrick O. McBride

3-11-01

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, 2001 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 **PSTD** ☐ Delete
 NAME **MCBRIDE, PATRICK O**
 STREET ADDRESS **3549 SOUTHEAST 1ST PLACE**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ 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.

SIGNATURE:

Patrick O. McBride President

3-11-01

352-207-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0532505

CR2E034 (10/00)