2002 Uniform Business Report (UBR)

FILED Apr 22, 2002 8:00 am

(376) ___8510507

DOCUMENT # P00000087106							04-22-2002 901 42 008 ***150.00						
MACK QU		IASONRY, INC.						04-22-20	02 90142	, 008	130.00		
Principal Place 880 DELAND ORANGE CITY	AVENUE	s	Mailing Address 880 DELAND AVENUE ORANGE CITY FL 32763										
2. Principal Place of Business			3. Mailing Address				FIEDHOU)) 46 933 00 (4) 10		EBLID BIII LUBI		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			,	4. FEI Number	59-3673679			oplied For ot Applicable]	
Zip	Country		Zip	atry	5. Certificate of Status Desired S8.75 Additional Fee Required]		
	6. Name	and Address of Current R	egistered Agent			- 1	7. Name and A	ddress of New R	egistered A	gent		7	
MACK, JO	HN F				Name	dress (P () Box Number	is Not Acceptable	·············			 -	
880 DELAND AVE						Street Address (P.O. Box Number is Not Acceptable)							
ORANGE	CITY FL 3	2763		City						Zip Code			
9. The above	named entit	y submits this statement for	the purpose of changing its	register		registered	agent, or both,	in the State of Flo		<u> </u>		4	
·		,				• ,	•					ŀ	
SIGNATURE.	Signature, types	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signatur	a required wh	en reinstating)		DATE			_	
9. This corporation is eligible to satisfy its Intangible Tex filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 200: Make Check Payable					will be \$55	60.00	Trust	tion Campaign Fin t Fund Contributio			O May Be to Fees		
11.		OFFICERS AND D	DIRECTORS	12.			ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	1_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DHN F IND AVENUE CITY FL 32763	Delete >	- II						☐ Change	☐ Addition	CR2En34 (9/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	880 DEL/	EBORAH J ND AVENUE CITY FL 32763	☐ Delete	il i		1 <u>-</u> 1 -	-			☐ Change	☐ Addition	2	
TITLE NAME			☐ Delete	TITL	E IE EET ADDRESS	SLAW	REMER_	RAMSEY;	SR	Change	Addition		
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TITLE NAME			☐ Delete	TITL NAM	- 1					Change	Addition	1	
STREET ADDRESS CITY-ST-ZIP				· STRI	ET ADORESS -ST-ZIP								
TITLE NAME			☐ Delete	TITL			<u> </u>			☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP			•	STR	ET ADORESS -ST-ZIP				••				
13. I hereby of indicated of the cor	l on this repo rocration or t	e information supplied with to it or supplemental report is the receiver or trustee empovachment with an address, w	true and accurate and that i wered to execute this report	my signa : as requi	hard enall has	VA IDA SAI	me lenal ettect :	as it mada libdar t	atn; that I ar appears in	Block 11 or	r Block 12 if		
Changeu,		\ 1	Was Service					3- 2- oa	્રક્રફ ક્રિક્ટ) S <i>HOSO</i>	2		