

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90365 049 ***150.00

DOCUMENT # P00000099806

1. Entity Name

MCMaster CUSTOM TACK INC.

Principal Place of Business

**12830 BRIERLAKE DR #E102
PALM BEACH GARDENS FL 33418**

Mailing Address

**12830 BRIERLAKE DR #E102
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

12830 Briarlake Dr.
Suite, Apt. #, etc.

3. Mailing Address

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach Gardens, Fl.

City & State

4. FEI Number

65-1066824

Applied For

☐ Not Applicable

Zip

33418

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCMaster, JENNIFER
12830 BRIERLAKE DR #E102
PALM BEACH GARDENS FL 33418**

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 **Jennifer McMaster**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-01

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 **D** ☐ Delete
NAME **MCMaster, JENNIFER**
STREET ADDRESS **12830 BRIERLAKE DR #E102**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

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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: **Jennifer McMaster**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01
Date

561-762-1113
561-346-8784
Daytime Phone #

CR2E034 (10/00)

0294978