

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90408 033 ***150.00

DOCUMENT # P01000004856

1. Entity Name

MAC'S COMPUTERS AND SALES, INC.

Principal Place of Business

**RT 4 BOX 8335, COUNTY RD. 121
HILLIARD FL 32046-9606**

Mailing Address

**RT 4 BOX 8335, COUNTY RD. 121
HILLIARD FL 32046-9606**

2. Principal Place of Business

3. Mailing Address

241732 CR-121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HILLIARD, FL

4. FEI Number

59-3694326

Applied For

Not Applicable

Zip

Country

32046-9606 **FL**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACARAGES, GEORGE A
RT. 4 BOX 8335, CR 121
HILLIARD FL 32046-9606**

7. Name and Address of New Registered Agent

GEORGE A. MACARAGES

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

241732 CR-121

City **HILLIARD**

FL

Zip Code **32046-9606**

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

GEORGE A. MACARAGES, PRESIDENT

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 **PRESIDENT** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **TREASURER** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☐ Addition

NAME **GEORGE A. MACARAGES**

STREET ADDRESS **241732 CR-121**

CITY-ST-ZIP **HILLIARD, FL 32046-9606**

TITLE **TREASURER** ☐ Change ☐ Addition

NAME **GERALDINE S. MACARAGES**

STREET ADDRESS **241732 CR-121**

CITY-ST-ZIP **HILLIARD, FL 32046-9606**

TITLE **SECRETARY** ☐ Change ☐ Addition

NAME **THOMAS A. BLAIR**

STREET ADDRESS **3447 JEANNIE ROAD, P.O. BOX 1670**

CITY-ST-ZIP **CALLAHAN, FL 32011-1670**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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: George A. Macarages 13 Apr 2002 (904) 845-3218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)