

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90306 028 ***175.00

0120144 AT

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

241732 CR-121
HILLIARD FL 32046

2. Principal Place of Business

541648 W 1ST STREET

3. Mailing Address

541648 W 1ST ST.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

HILLIARD, FL

City & State

HILLIARD, FL

Zip

32046

Country

FLORIDA

Zip

32046

Country

FLORIDA

4. FEI Number

59-3694326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACARAGES, GEORGE A
241732 CR-121
HILLIARD FL 32046

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George A. Macarages

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2 Jul 03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MACARAGES, GEORGE A	
STREET ADDRESS	241732 CR-121	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACARAGES, JERALDINE S	
STREET ADDRESS	241732 CR-121	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLAIR, THOMAS A	
STREET ADDRESS	3447 JEANNIE RD.; PO BOX 16701	
CITY-ST-ZIP	CALLAHAN FL 32011	
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		

11. 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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George A. Macarages

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Jul 03 904845-3218

Date

Daytime Phone #

CR2E034 (4/03)