

**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**

CHECK HERE IF MAKING CHANGES

City & State  
**HILLIARD, FL**

City & State  
**HILLIARD, FL**

4. FEI Number **59-3694326**

Applied For  
 Not Applicable

Zip **32046** Country **FLORIDA**

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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACARAGES, GEORGE A  
241732 CR-121  
HILLIARD FL 32046**

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.

**2 Jul 03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **P MACARAGES, GEORGE A**  
STREET ADDRESS **241732 CR-121**  
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T MACARAGES, JERALDINE S**  
STREET ADDRESS **241732 CR-121**  
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S BLAIR, THOMAS A**  
STREET ADDRESS **3447 JEANNIE RD.; PO BOX 16701**  
CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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)