

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90217 048 ***550.00

016121 AT

DOCUMENT # P01000017647

1. Entity Name

MAC'S FURNITURE & MATTRESS OUTLET, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3950 BARRANCAS
PENSACOLA FL 32507**

Mailing Address

**3950 BARRANCAS
PENSACOLA FL 32507**

2. Principal Place of Business

3960 NAVY BLVD #13

3. Mailing Address

3960 NAVY BLVD

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

#13

City & State

Pensacola FLA

City & State

Pensacola FL

4. FEI Number

62-1472340

Applied For

Not Applicable

Zip

32507

Country

Zip

32507

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAIR, JAMES P

**3960 NAVY BLVD #13
PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

Name

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

3960 NAVY BLVD #13

City

Pensacola

FL

Zip Code

32507

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

James P. McNAIR

James P. McNAIR

8-21-02

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

(If FEE: Registered Agent signature required when registering)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
MCNAIR, JAMES P
3950 BARRANCAS
PENSACOLA FL 32507**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
SANDERS, DEANNA
3950 BARRANCAS
PENSACOLA FL 32507**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

James P. McNAIR

8-21-02

850-455-6205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)