


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90112 020 ***550.00

00130836 MB

| | |
|---|---|
| DOCUMENT # P03000002439 |  |
| 1. Entity Name T-MAC ENTERPRISES INCORPORATED | |

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| Principal Place of Business 114 WEST PARRISH STREET FIFTH FLOOR DURHAM NC 27701 | Mailing Address 114 WEST PARRISH STREET FIFTH FLOOR DURHAM NC 27701 |
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| 2. Principal Place of Business 114 W. Parrish St. Suite, Apt. #, etc. 5th Floor | 3. Mailing Address P.O. Box 51429 Suite, Apt. #, etc. |
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| City & State Durham, North Carolina | City & State Durham, North Carolina |
| Zip 27701 | Country US |
| Zip 27717 | Country USA |



☒ CHECK HERE IF MAKING CHANGES

| | |
|---|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MACKINNON, ALEXANDER C 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO FL 32801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BASS, GUS 114 WEST PARRISH STREET FIFTH FLOOR DURHAM NC 27701 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/T/D Bass, Gustavus 113 Long Shadow PL Durham, Nc 27713 |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Wayne Reed Hall 3733 Beckingham PL Orlando, FL 32836-5752 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: Christina Bass, Vice President **6/16/03** **919-287-3011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)