

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P05000010226
1. Entity Name
5 MACK INC

FILED
09 MAR 10 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6080 US 1 NORTH		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST AUGUSTINE, FL		City & State	
Zip 32095	Country	Zip	Country

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4. FEI Number 20-2197212		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CLINT McQUARRY
Street Address (P.O. Box Number is Not Acceptable) 3816 Ponce De Leon Blvd
City ST AUGUSTINE **FL** **Zip Code** 32084

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE CEO	CLINT J McQUARRY	TITLE	
NAME		NAME	
STREET ADDRESS	6080 US 1 NORTH	STREET ADDRESS	300143742083
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	CITY-ST-ZIP	02/17/09--01005--008 **150.00
TITLE Sec/Treasurer	John McQuarry	TITLE	
NAME		NAME	
STREET ADDRESS	4374 Snowdon	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FLA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John McQuarry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/09

Daytime Phone #

(904) 745 0705