

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005518

1. Entity Name

DO MAC MANUFACTURING CO., INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90015 040 \*\*\*150.00

Principal Place of Business  
910 S.W. 15TH AVE.  
DELRAY BEACH FL 33444

Mailing Address  
910 S.W. 15TH AVE.  
DELRAY BEACH FL 33444-1322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-2199501

Applied For

Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

MCDONALD ROBERT C  
910 SW 15TH AVENUE  
DELRAY BEACH FL 33444

## 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PD  
NAME MCDONALD, ROBERT C  
STREET ADDRESS 8959 INDIAN RIVER RUN  
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

TITLE D  
NAME MCDONALD, SHAWN  
STREET ADDRESS 1116 HANOVER AVE.  
CITY-ST-ZIP NORFOLK VA 23508 ☐ Delete

TITLE D  
NAME BECKER DEBRA  
STREET ADDRESS 20 MANOR LANE  
CITY-ST-ZIP E. HAMPTON NY 11937 ☐ Delete

TITLE SD  
NAME MCDONALD, BARBARA A  
STREET ADDRESS 8959 INDIAN RIVER RUN  
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ 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: *Robert C. McDonald* ROBERT C. MCDONALD, PRESIDENT 4/7/00 561-279-9798  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #