

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90212 041 \*\*\*150.00

**DOCUMENT # P93000063788**

1. Entity Name  
**MACINTOSH HOLDINGS, INC.**



Principal Place of Business  
**1202 ALLEN ST  
ALLENTOWN PA 1802  
US**

Mailing Address  
**1202 ALLEN ST  
ALLENTOWN PA 18102  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2749391**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SKINNER, HALCYON E  
50 LAURA ST  
3300 BARNETT CENTER  
JACKSONVILLE FL 32202**

## 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. 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

**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. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODGERS, JAMES J	
STREET ADDRESS	1202 ALLEN ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	GEHRING, CHARLES F	
STREET ADDRESS	1202 ALLEN ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODGERS, JAMES J JR	
STREET ADDRESS	1202 ALLEN ST	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RODGERS, BRIAN L	
STREET ADDRESS	1202 ALLEN STREET	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRODERICH, C ROBERT	
STREET ADDRESS	1202 ALLEN STREET	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODGERS, ELIZABETH	
STREET ADDRESS	1202 ALLEN STREET	
CITY-ST-ZIP	ALLENTOWN PA	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03

610-867-6773

Date

Daytime Phone #

CR2E034 (10/02)