2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000014286**

1. Entity Name

MACK CARRIERS, INC.

FILED Apr 18, 2002 8:00 am Secretary of State

04-18-2002 90454 015 ***150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country 5. Certificate of Status Desired 88.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name SEWELL, STEPHEN G 907 WEBSTER STREET LEESBURG FL 34748 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature typed or printed name of registered agent and toe # applicable. (NOTE: Registered Agent signature required when reinstature) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Change Addition Change Change Addition Change	Principal Place of Business 2306 HUTCHINSON AVE LEESBURG FL 34748 US			2306 HU	Mailing Address 2306 HUTCHINSON AVE LEESBURG FL 34748 US											
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Signature Sign	Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE								
S. Cultimizer of Status Cleaning 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL	City & State)		City &	City & State				El Number	59-3229	384					
SEWELL, STEPHEN G 907 WEBSTER STREET LEESBURG FL 34748 City City FL Zip Code FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code FL	Zip Country			Zip	Zip Countr						red 🗀					
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8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature, lived or printed norms of registered spent and the # applicable. (NOTE Registered Agent spinkure registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intangible. Tak filling requirement and elects to do so. (See criteria or back). Signature and the properties of the	907 WEBS	TER STREI		-												
SIGNATURE SIGNATURE 9. This corporation is \$\text{eightble to satisfy its intangible} \text{TELE NOW!!} FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. STREET ADDRESS 17. ST. 2/P 18. DAVEN, JAMES A 2306 HUTCHINSON AVE LEESBURG FL 17. DELEB DIRECTORS 18. STREET ADDRESS 18. STRE	TEESBORG	2 FL 34/40					 ,	_ ,	_ 	 	FI	Zip Cod	de e	-		
SIGNATURE 9. This corporation is \$\frac{6}{8} tigsble to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back). 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-2P TITLE NAME				7 72 -	= <u> </u>		र इ.ज.स.च	المنافعة المنافعة		Ta the Crose	of Elocidia		<u> </u>		+	
9. This corporation is eligible to satisfy its Intanglicia Tax filing requirement and elects to do so (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, ASSERT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL	8. The above	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.														
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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:

SIGNATURE AND TYPED OR PRINTED MANS OF SIGNING OFFICER OR DIRECTOR

NAVEN

04/10/02

352-787-

Daytime Phone #