

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90006 033 ***558.75

DOCUMENT # P94000023768

1. Entity Name

KEN MACKIE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

1500 NORTH 65TH ST.
LOT #12
PENSACOLA FL 32516

P.O. BOX 36068
PENSACOLA FL 32516-6068
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1500 North 65th Ave #12
Suite, Apt. #, etc.
#12

3. Mailing Address

P.O. Box
Suite, Apt. #, etc.
SAME

City & State
PENSACOLA, FL

City & State
,,

4. FEI Number 59-3234502

Applied For
Not Applicable

Zip
32506

Country
USA

Zip
,,

Country
,,

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKIE, KENNETH H
1500 NORTH 65TH ST.
LOT #12
PENSACOLA FL 32516

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKIE, KENNETH H 1500 NORTH 65 ST., LOT 12 PENSACOLA FL 32516	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

KEN MACKIE, PRESIDENT
21 JUNE 2000

850-456-2877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #