

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90870 040 ***150.00

DOCUMENT # P94000046339

1. Entity Name
T-MAC PAINTING INCORPORATED

Principal Place of Business

**7508 WINGING WAY DR
 TAMPA FL 33615**

Mailing Address

**7508 WINGING WAY DR
 TAMPA FL 33615**

2. Principal Place of Business

10712 Ayrshire Drive

Suite, Apt. #, etc.

3. Mailing Address

10712 Ayrshire Drive

Suite, Apt. #, etc.

Tampa, FL 3

City & State

Tampa FL

City & State

Tampa, FL 3

Zip

33626

Country

USA

Zip

33626

Country

USA

4. FEI Number

59-3249955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MCNAMEE, TOBIN M

**7508 WINGING WAY DR
 TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name

McNamee, Tobin M.

Street Address (P.O. Box Number is Not Acceptable)

10712 Ayrshire Drive

City

Tampa

FL

Zip Code

33626

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNAMEE, TOBIN M	
STREET ADDRESS	7508 WINGING WAY DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	P	<input type="checkbox"/> Delete
NAME	McNamee, Tobin M	
STREET ADDRESS	10712 Ayrshire Drive	
CITY-ST-ZIP	Tampa, FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 (813) 885-7067

CR2E034 (9/01)