

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90481 036 ***158.75

DOCUMENT # P94000058144

1. Entity Name

MAC'S TIRES & AUTO REPAIR, INC.



Principal Place of Business

Mailing Address

**7781 S FLORIDA AVE
FLORAL CITY FL 34436
US**

**3507 S. APOPKA AVENUE
INVERNESS FL 34452**

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

59-3259710

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

7. Name and Address of New Registered Agent

**CUNNINGHAM, JEAN A
3507 S APOPKA AVE
INVERNESS FL 34452**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
CUNNINGHAM, JEAN A
3507 S APOPKA AVE
INVERNESS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P,VP,S,T
CUNNINGHAM, JEAN A.
3507 S. APOPKA AVE.
INVERNESS, FL. 34452** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CUNNINGHAM, GEORGE
3507 S. APOPKA AVENUE
INVERNESS FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CUNNINGHAM, GEORGE
3507 S. APOPKA AVENUE
INVERNESS FL** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CUNNINGHAM, GEORGE
3507 S. APOPKA AVENUE
INVERNESS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CUNNINGHAM, GEORGE
3507 S. APOPKA AVENUE
INVERNESS FL** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CUNNINGHAM, GEORGE
3507 S. APOPKA AVENUE
INVERNESS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CUNNINGHAM, GEORGE
3507 S. APOPKA AVENUE
INVERNESS FL** ☐ Change ☐ Addition

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INVERNESS FL** ☐ Delete

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INVERNESS FL** ☐ Change ☐ Addition

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: Jean A. Cunningham, President

2-26-03 352-637-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)