

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90034 031 ***158.75

DOCUMENT # P96000026204

1. Entity Name
CAROMAC, INC.

Principal Place of Business 102 LIBERTY CT DEERFIELD BCH FL 33442 US	Mailing Address 102 LIBERTY CT DEERFIELD BCH FL 33442 US
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2. Principal Place of Business 760 E. OCEAN AVENUE Suite, Apt. #, etc. APT. 304-N	3. Mailing Address 760 E. OCEAN AVENUE Suite, Apt. #, etc. APT. 304-N
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DO NOT WRITE IN THIS SPACE

City & State BOYNTON BEACH, FL.	City & State BOYNTON BEACH, FL	4. FEI Number 59-3367470	Applied For Not Applicable
Zip 33436	Country PALM BEACH	Zip 33436	Country PALM BEACH
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCINERNEY, CAROL J 102 LIBERTY CT DEERFIELD BCH FL 33442	7. Name and Address of New Registered Agent Name CAROL J. MCINERNEY Street Address (P.O. Box Number is Not Acceptable) 760 E. OCEAN AVENUE APT. 304-N City BOYNTON BEACH FL Zip Code 33436
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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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINERNEY, CAROL J 102 LIBERTY CT DEERFIELD BCH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CAROL J. MCINERNEY 760 E. OCEAN AVENUE - APT. 304-N BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: CAROL J. MCINERNEY **CAROL J. MCINERNEY** 3-15-02 1-800-822-1408
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)