

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033810

1. Entity Name
MACON INC. OF SOUTHWEST FLORIDA

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90026 024 ***150.00

Principal Place of Business
24311 PRODUCTION CT.
BONITA SPRINGS FL 34135
US

Mailing Address
2338 IMMOKALEE RD
SUITE 171
NAPLES FL 34110-1445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
24311 Production Ct.
Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country
U.S.

4. FEI Number 65-0657521

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REDSHAW, DAVID
2338 IMMOKALEE RD
SUITE 171
NAPLES FL 33942

7. Name and Address of New Registered Agent
Name REDSHAW, DAVID
Street Address (P.O. Box Number is Not Acceptable) 24311 PRODUCTION CIRCLE
City Bonita Springs FL Zip Code 34135

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) 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	D	Redshaw, David	<input type="checkbox"/> Delete	TITLE	Redshaw, David	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Redshaw, David			NAME	Redshaw, David		
STREET ADDRESS	4484 DUNLIN CT			STREET ADDRESS	9020 THE LAKE		
CITY-ST-ZIP	NAPLES FL 33942			CITY-ST-ZIP	Naples, FL 34109		
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 #

CR2E034 (9/99)