

# 2002 UNIFORM BUSINESS REPORT (UBR)

0002150 AV

DOCUMENT # P96000042295

1. Entity Name  
MAC-PRODUCTS, INC.

APPROVED  
AND  
FILED

02 MAR 22 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5119 OTTER CREEK DRIVE  
PONTE VEDRA BEACH FL

Mailing Address  
POST OFFICE BOX 1892  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business  
10826 Knight Castle Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 49569  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Charlotte, NC

City & State  
Charlotte, NC

FEI Number 59-3389817

Applied For  
Not Applicable

Zip Country  
28277-0081 USA

Zip Country  
28277-0081 USA

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

## 6. Name and Address of Current Registered Agent

O'CONNOR, SCOTT A  
5119 OTTER CREEK DRIVE  
PONTE VEDRA BEACH FL

## 7. Name and Address of New Registered Agent

Name  
CorpDirect Agents  
Street Address (P.O. Box Number is Not Acceptable)  
103 N. Meridian Street  
City Tallahassee FL Zip Code 32301

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: Pam Wolfe - Its Agent  
Signature, typed or printed name of registered agent and title if applicable.

3/18/02  
DATE

(NOTE: Registered Agent signature required when reinstating)

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. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	O'CONNOR, SCOTT A.	
STREET ADDRESS	5119 OTTER CREEK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'CONNOR, MARYBETH	
STREET ADDRESS	5119 OTTER CREEK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600005183596-9  
-04/02/02-01060-006  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

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: Scott A. O'Connor, Chairman 03/18/02 704-844-0499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)