

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90062 046 ***150.00

DOCUMENT # P96000042295

1. Entity Name
MAC-PRODUCTS, INC.



Principal Place of Business
**10826 KNIGH CASTLE DR
CHARLOTTE NC 28277-0081**

Mailing Address
**PO BOX 49569
CHARLOTTE NC 28277-0081**



2. Principal Place of Business
8388 N.W. 70th Street
Suite, Apt. #, etc.

3. Mailing Address
8388 N.W. 70th Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami Florida
Zip
33166-2623
Country
USA

City & State
Miami Florida
Zip
33166-2623
Country
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4. FEI Number **59-3389817**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Scott A. O'Connor
Street Address (P.O. Box Number is Not Acceptable)
8388 N.W. 70th Street
City
Miami **FL** Zip Code
33166

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 *Scott A. O'Connor* *Scott A. O'Connor* *01-18-03*
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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, SCOTT A.	
STREET ADDRESS	8388 NW 70th Street	
CITY-ST-ZIP	Miami FL 33166	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, Marybeth	
STREET ADDRESS	8388 N.W. 70th Street	
CITY-ST-ZIP	Miami, FL 33166	
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		

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: *Scott A. O'Connor* *Scott A. O'Connor* *01-18-03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/02)