

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098578

1. Entity Name
TINA MACK, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90026 005 ***150.00

Principal Place of Business 10178 DUNKIRK RD. SPRING HILL FL 34608	Mailing Address 10178 DUNKIRK RD. SPRING HILL FL 34609-9666
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2. Principal Place of Business 11242 RICHFORD LN Suite, Apt. #, etc.	3. Mailing Address 11242 RICHFORD LN Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SPRING HILL FL	City & State SPRING HILL, FL	4. FEI Number 59-3413823	Applied For <input type="checkbox"/> Not Applicable
Zip 34609	Country	Zip 34609	Country

6. Name and Address of Current Registered Agent MACK, TINA D 10178 DUNKIRK RD. SPRING HILL FL 34608	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Tina D. Mack TINA D. MACK 3-8-00
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) <input type="checkbox"/>	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. <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 MACK, TINA D 10178 DUNKIRK RD. SPRING HILL FL 34608 <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	V MACK, BARRY E 10178 DUNKIRK RD. SPRING HILL FL 34608 <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: Tina D. Mack TINA D. MACK 3-8-00 352-688-6913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)