

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020447

1. Entity Name

MULTI-MAC CORP.

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

05-01-2000 90012 036 ***150.00

Principal Place of Business

Mailing Address

~~3724 HOWELL BRANCH RD~~

7132 TIMBER DR

~~WINTER PARK FL 32792~~

WINTER PARK FL 32792-7244

US 1099 E. State Road 436
Casselberry FL 32707

2. Principal Place of Business

3. Mailing Address

1099 E SEMORAN BLVD

1099 E SEMORAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CASSELBERRY FL

City & State
CASSELBERRY FL

4. FEI Number 59-3425012

Applied For

Not Applicable

Zip
32707

Country
SEMINOLE

Zip
32707

Country
SEMINOLE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVE, CURTIS C
7132 TIMBER DR
WINTER PARK FL 32792

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Joyce Olive* *Joyce Olive*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/10/00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
OLIVE, CURTIS C
7139 TIMBER DR
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
OLIVE, JOYCE A
7132 TIMBER DR
WINTER PARK FL 32792 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Joyce Olive*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00
Date

407-834-2775 x14
Daytime Phone #

CF2E034 (9/99)