2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Aug 21, 2003 8:00 am Secretary of State

5/:

DOCUMENT # P9700 1. Entity Name MACPHEE ENTERPRISES, INC.	00029895 /	05-05-2003 90720 020 ****75.00 08-21-2003 90107 037 ****75.00								
Principal Place of Business 651 SW VIQUET AVE PORT ST. LUCIE FL 34963 US 2. Principal Place of Business	Mailing Address 651 SW VIOLET AVE PORT ST. LUCIE FL 3498 US 3. Mailing Address	3								
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES							
City & State City & State			4. FEI Number 65-0748194	Applied For Not Applicable						
Zip Country	Zip	Country		\$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
KEN AND BEVERLY MACPHEE 651 SW VIOLET AVE PORT ST. LUCIE FL 34983	Street Address City Poor	Street Address (PO Box Number's Not Acceptable) ioleT DE City Port St. Lucie FL 3983								
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 and the obligations of re										
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.										
TITLE P NAME A STREET DORESS CITY-ST-ZIP OFFICERS AND P MACPHEE, BEVERLY 651 SW VIOLET AVE PORT ST. LUCIE FL 34983	DIRECTORS Delete	11. ITILE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND Devery MacPhae 51 Sw Violet 51 St. Lucie F-	DIRECTORS IN 11 Change Addition Change Addition Change Addition						
TITLE VP NAME MACPHEE, KEN STREET ADDRESS 651 SW VIOLET AVE CITY-ST-ZIP PORT ST. LUCIE FL 34983	□ Delete	TITLE NAME STREEF ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition ☐						

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition. TIFLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing.

2. I hereby certify that the information supplied with this filting 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 togorify and 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 orn an attachment with an address. The above reports of the corporation of 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 orn an attachment with an address.

SIGNATURE:

TITLE

SKONATURE AND TYPED OR PRENTED NAME OF

OPSIGNING OFFICER OF DIRECTOR

☐ Dalete

- May 1, 2003

Daytime Phone 4

☐ Change

Addition

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20 UN	003 FOR PROF	IT CORPOR	RATIO	N BR)	F	ATTACUM P970000	1ENT -29.89	نج.		
	MENT # P970 (00029895	(Signal and a signal and a sign		,	P 9 10000	X707.	ب		
MACPHEE ENTERPRISES, INC.				80139464						
Principal Place of Business 651 SW VIOLET AVE PORT ST. LUCIE FL 34983 US Mailing Address 651 SW VIOLET AVE PORT ST. LUCIE FL 34983 US			33					1110	liligi sine igaa	
2. Principal P	Place of Business	3. Mailing Address			```	<u> </u>	1914	1.5.131.5	the made of	
Suite, Apt. #, etc. Suite, Apt. #, et		Suite, Apt. #, etc.	etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nur	mber 65-0748194		-	plied For t Applicable	
Zip	Country	Zip	Country	<u> </u>	5. Certific	ate of Status Desired		75 Add	litional	
	6. Name and Address of Current	t Registered Agent	1		7. Name a	and Address of New Reg				
			Ni	Name						
KEN AND BEVERLY MACPHEE 651 SW VIOLET AVE			St	Street Address (P.O. Box Number is Not Acceptable)						
PORT ST. LUCIE FL 34983										
			Ci	ty			FL Z	ip Code	 3	
8. The above	named entity submits this statement f	or the purpose of changing its	registered of	fice or register	ed agent, or	both, in the State of Florid		ar with,	and accept	
the obligat	tions of registered agent.					•				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Ager	nt signature required	when reinstating	<u> </u>	DATE			
F	ILE NOW!!! FEE IS \$550.00									
	ptember 10, 2003 Fee will be \$75 k Payable to Florida Department o				9.	Election Campaign Finan Trust Fund Contribution.	ncing		0 May Be I to Fees	
10.	OFFICERS AND		11.		ADDITION	NS/CHANGES TO OFFICE	ERS AND DIRE	CTORS	3 IN 11	
TITLE	PACOUSE POSEDLY	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
name Street address	MACPHEE, BEVERLY 651 SW VIOLET AVE		NAME Street add	i						
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	<u> </u>	CITY-ST-Z	P				<u></u>	T addition	
TITLE NAME	MACPHEE, KEN	Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	651 SW VIOLET AVE		STREET ADD	- f .		ينوب ::	,			
CITY-ST-ZIP . TITLE	PORT ST: LUCIE FL 34983	☐ Delete	TITLE	-		· ·		Change	Addition	
NAME	·	. Delete	NAME					папус		
STREET ADDRESS CITY-ST-ZIP			STREET ADO	1 1						
TITLE		Delete	TITLE				c	hange	Addition	
NAME			NAME				_	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADD	· 1					ļ	
TITLE		☐ Delete	TITLE				C	hange	Addition	
NAME STREET ADDRESS			NAME STREET ADD	10000						
CITY-ST-ZIP			CITY-ST-ZI	<u> </u>						
TITLE		Delete	TITLE			<u> </u>	□ C	hange	Addition	
NAME STREET ADDRESS			NAME STREET ADD	ORESS						
CITY-ST-ZIP			CITY-ST-ZI	Р						
indicated of the cor	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that r owered to execute this report	ny signature s as required b	hall have the s	ame legal ef	fect as if made under oatl	h: that I am an	officer of	or director	

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #