

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90069 006 ***150.00

DOCUMENT # P97000040848

1. Entity Name

MAC'S NURSERY, INC.

Principal Place of Business

**RT 1 BOX 60
 KINARD FL 32449**

Mailing Address

**RT 1 BOX 60
 KINARD FL 32449**

2. Principal Place of Business

9525 Mac's Nursery Rd

Suite, Apt. #, etc.

3. Mailing Address

9525 Mac's Nursery Rd

Suite, Apt. #, etc.

City & State

Kinard FL

Zip
32449

Country

CAHOUN

City & State

Kinard FL

Zip

32449

Country

CAHOUN

4. FEI Number

59-3451504

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, CLAUDE JR
 9525 MACS NURSERY ROAD
 KINARD FL 32449**

7. Name and Address of New Registered Agent

Name **Bertie L McGill**
 Street Address (P.O. Box Number is Not Acceptable) **9525 Mac's Nursery Rd**
 City **Kinard** FL Zip Code **32449**

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 **Bertie L McGill**

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

(NOTE: Registered Agent signature required when reinstating)

2-18-02

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCGILL, CLAUDE JR 9525 MARS NURSERY ROAD KINARD FL 32449	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCGILL, LYNN N 9525 MARS NUERSERY ROAD KINARD FL 32449	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bertie L McGill 9525 Macs Nursery Rd Kinard FL 32449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Treasurer Carolyn M Husband P.O. Box 622 Wewahatchka FL 32465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Claude McGill JR. 534 E 2nd Street Wewahatchka FL 32465	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Bertie L McGill**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-02 850-639-5176
 Date Daytime Phone #

CR2E034 (9/01)