

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
 01-30-2002 90132 001 ***150.00

DOCUMENT # P97000058331

1. Entity Name
MACKAY HOMES, INC.

Principal Place of Business

~~9828 DECATUR ST~~
RIVERVIEW FL 33569
US

Mailing Address

PO BOX 1148
RIVERVIEW FL 33568
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9828 DECATUR ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

RIVERVIEW, FL

City & State

4. FEI Number

59-3483076

Applied For

Not Applicable

Zip
33569

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKAY, BRIAN K

8224 RANCHERIA RD

RIVERVIEW FL 33569

RANCHERIA

7. Name and Address of New Registered Agent

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

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) ☐

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
PTD
MACKAY, BRIAN **MACKAY, Brian**
8224 RANCHERIA RD **Rancheria**
RIVERVIEW FL 33569

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
MACKAY, JAMES **MACKAY**
2510 CULBRECHT COVE COURT
VOLRICO FL 33594

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02

CP2E034 (9/01)