

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072222

1. Entity Name
T-MAC, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90083 050 ***150.00

0532162

Principal Place of Business
306 LARK AVE
SEBRING FL ~~33870~~ **33872**

Mailing Address
306 LARK AVE
SEBRING FL ~~33870~~ **33872**

C0021901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0774277**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
STATLER, PHILLIP W
3200 U.S. 27 SOUTH, SUITE 306
SEBRING FL 33870

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 _____ (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, 2001 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 **P** ☐ Delete
NAME **THIEME, DENNIS**
STREET ADDRESS **306 LARK AVE.**
CITY-ST-ZIP **SEBRING FL ~~33870~~ Sebring, FL 33872**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☒ Addition
NAME **Secretary, Treasurer**
STREET ADDRESS **DUMONT, PATTY**
CITY-ST-ZIP **306 Lark Avenue**
Sebring, FL 33872

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: **D.C. Jh** **2/12/01** **(863) 471-0736**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)