

2002 UNIFORM BUSINESS REPORT (UBR)

0147860 SP

DOCUMENT # P97000089933

1. Entity Name

MAC'S AUTO REPAIR INC.

FILED

02 DEC 16 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

410 BUSINESS PARKWAY
SUITE 118
ROYAL PALM BEACH FL 33411
US

Mailing Address

410 BUSINESS PARKWAY
SUITE 118
ROYAL PALM BEACH FL 33411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0788967

Applied For

Not Applicable

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

MCALENEY, ROBERT A
15610 ROLLING MEADOW CIR
WELLINGTON FL 33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert M'Aleney Pres
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/12/02

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 \$650.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME P
STREET ADDRESS MCALENEY, ROBERT A
CITY-ST-ZIP 15610 ROLLING MEADOW CIR
WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700008888297
CITY-ST-ZIP 12/04/02--01009--021 **200.00

TITLE ☐ Delete
NAME V
STREET ADDRESS MCALENEY, PATRICIA
CITY-ST-ZIP 15610 ROLLING MEADOW CIRCLE
WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700008888297
CITY-ST-ZIP 11/08/02--01061--005 **550.00

TITLE ☐ Delete
NAME T
STREET ADDRESS VOILS, RAMON
CITY-ST-ZIP 866 LAKE WELLINGTON DRIVE
WELLINGTON FL 33414

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M'Aleney 7/18/02 (561) 992-6990

Date

Daytime Phone #

CR2E034 (4/02)