

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010210

1. Entity Name

M. MACLEOD ENTERPRISES, INC.

Principal Place of Business

9240 PALLADIUM PLACE  
LAKE WORTH FL 33467

Mailing Address

9240 PALLADIUM PLACE  
LAKE WORTH FL 33467

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 65-0811757

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

MACLEOD, MARK  
9240 PALLADIUM PLACE  
LAKE WORTH FL 33467

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MACLEOD, MARK  
CITY-ST-ZIP 9240 PALLADIUM PLACE  
LAKE WORTH FL 33467

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

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:

Mark MacLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/01

Date

561-379-3329

Daytime Phone #

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90023 020 \*\*\*150.00

00000001



DO NOT WRITE IN THIS SPACE

0320973

CR2E034 (10/00)

**M. MACLEOD ENT., INC.**  
9240 Palladium Place  
Lake Worth, FL 33467-4754

attachment

#P98000010210

550381

May 3, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: M. MacLeod Ent., Inc.  
FEI 65-0811757

To Whom It May Concern:

Please accept this letter as my formal request to waive the penalty on the above report. My tax account called me today and said she "just found the report in the bottom of the file"! This was totally beyond my control. I immediately picked up the report and am sending it off with the filing fee of \$150.00.

I promise never to let this happen again (and am in the process of hiring a new tax account). I am new to all the aspects of using a corporation. I am never late in paying ANYTHING and am mortified that this has happened.

Thank you for your understanding in this regard.

Sincerely,

*Mark MacLeod*

Mark MacLeod  
M. MacLeod Ent., Inc.

DMM/am  
Enclosure