

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90170 044 ***150.00

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

8319 Pine Tree Lane

3. Mailing Address

8319 Pine Tree Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Clarke Shores, FL

City & State

Lake Clarke Shores, FL

4. FEI Number

65-0811757

Applied For

Not Applicable

Zip

Country

33406-7847 USA

Zip

Country

33406-7847 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MACLEOD, MARK
 9240 PALLADIUM PLACE
 LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8319 Pine Tree Lane

City

Lake Clarke Shores, FL

Zip Code

33406-7847

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

Mark MacLeod (MARK MACLEOD)

4-14-02

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8319 Pine Tree Lane**
 CITY-ST-ZIP **Lake Clarke Shores FL 33406**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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 (MARK MACLEOD)

Date

Daytime Phone #

CR2E034 (9/01)

561-547-1267