

2000 UNIFORM BUSINESS REPORT (UBR)

3/8/00-90005-016-\$150.00-\$150.00

DOCUMENT # P98000052822

1. Entity Name

MAC & MAC, INCORPORATED

Principal Place of Business

441 COUNTRY VINEYARD DR
VALRICO FL 33594

Mailing Address

441 COUNTRY VINEYARD DR
VALRICO FL 33594-3046
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 9:37

00032930



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 COUNTRY VINEYARD DR
VALRICO

3. Mailing Address

441 COUNTRY VINEYARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

VALRICO

Zip

33594

Country

USA

Zip

33594

Country

USA

4. FEI Number

59-3521007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANSKY, GLEN R
915 OAKFIELD DRIVE
SUITE F
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name: GRIFFIN & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable): 915 OAKFIELD DR
SUITE F
City: BRANDON FL Zip Code: 33511

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

John Mullen

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, 2000 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	<input type="checkbox"/> Delete
NAME	MCMULLEN, JOHN F	
STREET ADDRESS	3607 WHISTLE STOP LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMULLEN, JEANETTE M	
STREET ADDRESS	3607 WHISTLE STOP LANE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John Mullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

813-651-4455
Daytime Phone #

CR2E034 (9/99)