

2000 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P98000052822

1. Entity Name

MAC & MAC, INCORPORATED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 9:37

Principal Place of Business

Mailing Address

441 COUNTRY VINEYARD DR
VALRICO FL 33594

441 COUNTRY VINEYARD DR
VALRICO FL 33594-3046
US

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

4. FEI Number

59-3521007

Applied For

Not Applicable

Zip

33594

Country

Hills/USA

Zip

33594

Country

USA

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

Glen R Lansky

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 |
| NAME | | |
| 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:

Glen R Lansky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/00
Date

813-651-4488
Daytime Phone #

CR2E034 (9/99)