

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90022 020 ***150.00

DOCUMENT # P98000101939

1. Entity Name

MAC TEL COMMUNICATIONS, INC.

Principal Place of Business

2738 LAKEVILLE DRIVE
 TAMPA FL 33618

Mailing Address

2738 LAKEVILLE DRIVE
 TAMPA FL 33618-1102

00017981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4119 Gunn Hwy

3. Mailing Address

4119 Gunn Hwy

Suite, Apt. #, etc.

#24

Suite, Apt. #, etc.

#24

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-3551180

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCARTHY, KEVIN J
 2738 LAKEVILLE DRIVE
 TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

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

18808 Merry Lane

City

Lutz

FL

Zip Code

33549

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

Kevin J. McCarthy
 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 Delete
 NAME: MCARTHY, KEVIN J
 STREET ADDRESS: 2738 LAKEVILLE DRIVE
 CITY-ST-ZIP: TAMPA FL 33618

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME: McCarthy, Kevin J
 STREET ADDRESS: 18808 Merry Lane
 CITY-ST-ZIP: Lutz, FL 33549

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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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:

Kevin J. McCarthy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 968-4134