

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Entity Name

P99 00008517

FILED

Jun 07, 2000 8:00 am

Secretary of State

06-07-2000 90434 023 ***158.75

ASMAC of Florida Inc.

Principal Place of Business

Mailing Address

Principal Place of Business

2536 Boundbrook Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

127

City & State

City & State

West Palm Beach, FL 33406

Zip

Zip

Country

33406

West Palm Beach

4. FEI Number

15-0893248

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Michael H. McKenzie

Street Address (P.O. Box Numbers Not Acceptable)

2536 Boundbrook Blvd #127

City

West Palm Beach

FL

Zip Code

33406

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

Michael H. McKenzie Michael H. McKenzie OWNER 4-2-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

15067 Oakchase Ct

West Palm Beach, FL 33414

TITLE

NAME

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West Palm Beach, FL 33414

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:

Michael H. McKenzie Michael H. McKenzie 4-2-00 561-439-7684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)