

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90049 029 ***150.00

DOCUMENT # P99000014461

1. Entity Name
MACREES (USA), INC.

DO NOT WRITE IN THIS SPACE

30405

2. Principal Place of Business
5010 Marina Cove Drive

3. Mailing Address
P.O. Box 111419

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida

City & State
Naples, Florida

4. FEI Number
59-3556764

Applied For
Not Applicable

Zip
34112

Country

Zip
34108-0124

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JANE E. LAMBERSON**

Street Address (P.O. Box Number is Not Acceptable)
8955 Fontana Del Sol Way

City **Naples** **FL** Zip Code **34109**

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 **Jane E. Lamberson** **JANE E. LAMBERSON** **5-16-02**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVPS
Rees, Derek
5010 Marina Cove Drive, #201
Naples, FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #

CR2E034B (12/01)