

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016078

1. Entity Name

MAC GRAPHICS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90344 044 ***158.75

Principal Place of Business

501 S. FAULKENBURG RD.
SUITE D-7
TAMPA FL 33619
US

Mailing Address

11906 DAVIS RD
TAMPA FL 33637
US

2. Principal Place of Business

1038 W. HILLSBOROUGH AVE
Suite, Apt. #, etc.
1038

3. Mailing Address

412 E. HAMILTON AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FLA

4. FEI Number

59-3558476

Applied For

No: Applicable

Zip

33603

Country

HILLSBOROUGH

Zip

33604

Country

HILLSBOROUGH

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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 MCGUINN, PERRY K
STREET ADDRESS 11906 DAVIS ROAD
CITY-ST-ZIP TAMPA FL 33637

TITLE D ☐ Delete
NAME MCGUINN, CHARLES C
STREET ADDRESS 412 E. HAMILTON AVENUE
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D, P, T, S ☐ Change ☒ Addition
NAME MCGUINN, CHARLES C
STREET ADDRESS 412 E. HAMILTON AVENUE
CITY-ST-ZIP TAMPA, FLA 33604

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Charles C. McGuinn CHARLES C. MCGUINN

4-20-01 813 231 9500
Date Daytime Phone #

CR2E034 (10/00)