

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020644

1. Entity Name

MACK'S REFRIGERATION & AIR CONDITIONING, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90073 044 ***150.00

Principal Place of Business

Mailing Address

427 WEST EL PASO AVENUE
CLEWISTON FL 33440

427 WEST EL PASO AVENUE
CLEWISTON FL 33440-4411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0899029

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

MCGAHEE, MELANIE A
417 WEST SUGARLAND HIGHWAY
CLEWISTON FL 33440

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HARRIS, J MILTON CECIL
427 WEST EL PASO AVENUE
CLEWISTON FL 33440

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HARRIS, J. WAYNETTE
427 WEST EL PASO AVENUE
CLEWISTON FL 33440

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
RAMBO, MARK A
427 WEST EL PASO AVENUE
CLEWISTON FL 33440

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melanie McGahee President 4/7/00 983-9216

CR2E034 (9/99)