

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90130 032 \*\*\*150.00

**DOCUMENT # P99000028117**

1. Entity Name

**MACO ENTERPRISES, INC.**



Principal Place of Business

**5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233**

Mailing Address

**5248 CEDAR HAMMOCK COURT  
SARASOTA FL 34232**

**2123 PORTER LAKE DRIVE - UNIT 5  
SARASOTA, FL 34240**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0906343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PREWETT, DANIEL**

**5777 BENEVA ROAD SOUTH  
SARASOTA FL 34233**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SWANEY, NATALIE**  
CITY-ST-ZIP **2129 PHILLIPPI STREET  
SARASOTA FL 34231**

TITLE ☐ Change ☒ Addition  
NAME **Combs, Matthew**  
STREET ADDRESS **5248 Cedar Hammock Ct**  
CITY-ST-ZIP **SARASOTA, FL 34232** **(M)**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Combs, Anita**  
STREET ADDRESS **2201 Phillippi Street**  
CITY-ST-ZIP **SARASOTA FL 34231** **(P)**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TAMES KENNEDY**  
STREET ADDRESS **4138 CENTRAL SARASOTA PARKWAY**  
CITY-ST-ZIP **SARASOTA, FL 34238** **(T)**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **S WAYNE BRANTLEY**  
STREET ADDRESS **2114 PELICAN DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34237** **(S)**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/03**

Date

**941-377-8871**

Daytime Phone #

CR2E034 (10/02)