

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059251

1. Entity Name

ACHMAC INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90201 011 ***150.00

Principal Place of Business

111 N. ORANGE AVE STE 1200
ORLANDO FL 32801

Mailing Address

111 N. ORANGE AVE STE 1200
ORLANDO FL 32801-2361

2. Principal Place of Business

428 Fifth Street

3. Mailing Address

428 Fifth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3590969

Applied For

Not Applicable

Zip

32824

Country

US

Zip

32824

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAMS, MAURICE
111 N. ORANGE AVE STE 1200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Harold E. McDaniel

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

428 Fifth Street

City

Orlando

FL

Zip Code

32824

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

April 11, 2000

DATE

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

(NOTE: Registered Agent signature required when reinstating)

HAROLD E. MCDANIEL, PRESIDENT/DIRECTOR

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 **D / President** ☐ Delete
NAME **MCDANIEL, HAROLD E**
STREET ADDRESS **428 5TH STREET**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD E. MCDANIEL, PRESIDENT

April 11, 2000 407-856-1011

Date

Daytime Phone #

CR2E034 (9/99)