## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P99000078279** May 08, 2000 8:00 am Secretary of State MAC'S ADVANTAGE COMPUTER SYSTEMS, INC. 05-08-2000 90209 007 \*\*\*150.00 Mailing Address Principal Place of Business 1726 KINGSLEY AVE STE 17 1726 KINGSLEY AVE STE 17 ORANGE PARK FL 32073-4401 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Same as above Same as DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MACDONALD, KEN Street Address (P.O. Box Number is Not Acceptable) 1726 KINGSLEY AVE STE 17 ORANGE PARK FL 32073 Zio Code City s, this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named aptito 4-27-00 DATE SIGNATURE and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition TITLE ☐ Delete TITLE Kenneth Mac Donald 1726 Kingsly Aue, Suite 17 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change TITLE ☐ Delete Kingsky Aue, Suite 17 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orunge Purk, FL 32073 Change ☐ Addition Seville Technicion - C ☐ Delete TITLE Anthony Lawson NAME NAME 1726 Kinsky due Saite 17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED