## ~2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000078279 1. Entity Name MAC'S ADVANTAGE COMPUTER SYSTEMS, INC. 05-02-2001 90012 048 \*\*\*150.00 Principal Place of Business Mailing Address 1728-KINGSLEY AVE STE 17 1726 KINGSLEY AVE-8TE 17 ORANGE PARK #1 32073 ORANGE BARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3597210 Not Applicable \$8.75 Additional 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** 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 DATE Signature, typed or printed name of registered agent 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, 2001 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 OFFICERS AND DIRECTORS 11. PO ☐ Delete TITLE TIT! F Mar Donald, Kenneth 12230 NE 236th Terr. MACDONALD, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 1726 KINGSLEY AVE STE 17 CITY-ST-ZIP agazin FI.M'Gy, FL 32134 CITY-ST-7IP **ORANGE PARK FL 32073** ☐ Addition TITLE TITLE □ Delete NAME RUSH, SEAN NAME Rush, Sean 12230 NE 236th Terr. STREET ADDRESS STREET ADDRESS 1726 KINGSLEY AVE STE 17 CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** STC Delete TITLE Change ☐ Addition TITLE NAME LAWSON, ANTHONY NAME STREET ADDRESS 1726 KINGSLEY AVE STE 17 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/1 (352)685-9378