

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000088538**

1. Entity Name

MACKLE & ASSOCIATES, INC.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90128 017 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 2504 VIA DEL RAY RD FERNANDINA BEACH FL 32034		Mailing Address 2504 VIA DEL RAY RD FERNANDINA BEACH FL 32034	
2. Principal Place of Business 2504 Via Del Ray Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.	
City & State FERNANDINA BEACH FL		City & State	
Zip 32034	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GRAMLING, FRANK R 200 S.E. 13TH STREET FORT LAUDERDALE FL 33316		4. FEI Number 65-0955353 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ (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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKLE, DOUGLAS F 2504 VIA DEL REY RD FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACKLE, JOANN R 2504 VIA DEL REY RD FERNANDINA BEACH FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Douglas F. Mackle</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1-10-01</u> Daytime Phone # <u>904-491-1121</u>	

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CR2E034 (10/00)