

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90261 050 ***550.00

DOCUMENT # S29627

1. Entity Name
ALMACKIE ENTERPRISES, INC.

Principal Place of Business

**1020 WESTON ROAD
 WESTON FL 33326**

Mailing Address

**MCDONALD'S
 1020 WESTON RD.
 WESTON FL 33326**

2. Principal Place of Business

**2686 Edgewater Ct.
 Suite, Apt. #, etc.**

3. Mailing Address

**2686 Edgewater Ct.
 Suite, Apt. #, etc.**

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0242392

Applied For

☐ Not Applicable

Zip

33332

Country

U.S.A.

Zip

33332

Country

U.S.A.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POWE, BRENDA
 1020 WESTON RD.
 WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Brenda Powe-Williams**

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

2686 Edgewater Ct.

City **Weston**

FL

Zip Code **33332**

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 **Brenda Powe-Williams**

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

(NOTE: Registered Agent signature required when reinstating)

08-07-01

DATE

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **POWE, BRENDA**
 STREET ADDRESS **2686 EDGEWATER CT.**
 CITY-ST-ZIP **WESTON FL 33332**

TITLE **S** ☐ Delete
 NAME **WASHINGTON, NEANER**
 STREET ADDRESS **231 BROCKFIELD NORTH**
 CITY-ST-ZIP **SUN-CITY-FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 **S** ☒ Change ☒ Addition
 NAME **Williams, George**
 STREET ADDRESS **2686 Edgewater Ct**
 CITY-ST-ZIP **Weston, FL 33332**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **Brenda Powe-Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-07-01 954-384-8256

Date

Daytime Phone #

CR2E034 (5/01)