

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90011 031 ***150.00

DOCUMENT # S78501

1. Entity Name

MAC OF JACKSONVILLE, INC.

Principal Place of Business 3540 US HWY 17 SUITE 118 GREEN COVE SPRINGS FL 32043 US	Mailing Address 1752 DEBUTANTE DR SUITE 118 JACKSONVILLE FL 32246 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3090425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCVEIGH, MICHAEL E.
1752 DEBUTANTE DR.
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOT) Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! 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
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCVEIGH, MICHAEL E. 5138 OTTER CREEK DR PONTE VEDRA BCH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCVEIGH, JAMES E. 6427 JACK WRIGHT ISLAND RD ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCVEIGH, BETTE A. 6427 JACK WRIGHT ISLAND RD ST SUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTSON, ROSILYN M 13538 VALBUENA COURT JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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: BETTE A. MCVEIGH *Bette A. McVeigh* 5/29/01 9047253761
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Tri-Mac Inc.

*Attachment
Off 578501
A0572570*

MAY 29, 2001

DIVISION OF CORPORATIONS
409 EAST GAINES ST.
TALLAHASSEE, FL. 32399

RE: FORM UBR 2001
MAC OF JACKSONVILLE, INC. #S78501
TRI-MAC, INC. #H43956

DUE TO AN ERROR ON MY PART I AM LATE FILING THESE TWO COMPANIES FORM UBR FOR 2001. WHEN THE FORMS WERE ORIGINAL-
LY WERE RECEIVED I PUT THEM ASIDE ,DUE TO FINANCIAL PROBLEMS,
TO PAY BY JUNE 1, 2001.

TODAY I PULLED THESE REPORTS TO COMPLETE AND TO MY DISMAY
REALIZED THAT THEY WERE DUE MAY,1, 2001 NOT JUNE 1,2001.I
CALLED YOUR OFFICE AND WAS TOLD TO COMPLETE FORMS AND SEND
THE CHECKS AND A LETTER.

WE ONLY HAVE INFORMATION IN OUR COMPUTER BACK TO 1998 BUT
ALL FORMS WERE SUBMITTED IN TIME FOR THOSE 3 YEARS AND I
RESPECTIVELY REQUEST THAT THE LATE CHARGES BE WAIVED FOR
THIS YEAR.

I AM ENCLOSING BY NEXT DAY AIR DELIVERY COMPLETED FORMS
AND CHECK FOR \$150.00 FOR EACH COMPANY

SINCERELY,

Bette Ann McVeigh
BETTE ANN MCVEIGH