

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90204 038 ***150.00

DOCUMENT # 551005



1. Entity Name
THE 6-M COMPANY

Principal Place of Business
P.O. BOX 555237
ORLANDO FL 32855-2237

Mailing Address
P.O. BOX 555237
ORLANDO FL 32855-2237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2473229**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALL, BEN, JR.
6266 WHISPERING WAY
ORLANDO FL 32807

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **MORALL, DORIS**
STREET ADDRESS **6266 WHISPERING WAY**
CITY-ST-ZIP **ORLANDO, FL 32807**

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

TITLE **PD** ☐ Delete
NAME **MORALL, BEN JR.**
STREET ADDRESS **6266 WHISPERING WAY**
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE **SD** ☐ Delete
NAME **MORALL, DENIYA**
STREET ADDRESS **6266 WHISPERING WAY**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **TD** ☐ Delete
NAME **MORALL, WENDELYN**
STREET ADDRESS **3405 SWEETWATER RD APT 423**
CITY-ST-ZIP **LAWRENCEVILLE GA 30044**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5178 Millenia Blvd., Apt. 307**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE **D** ☐ Delete
NAME **MORALL, MONICA**
STREET ADDRESS **1012 VIZCAYA LAKES RD APT 303**
CITY-ST-ZIP **OCFEE FL 34761**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4617 Cason Cove Dr., Apt. 926**
CITY-ST-ZIP **Orlando, FL 32811**

TITLE **D** ☐ Delete
NAME **MORALL, BEN III**
STREET ADDRESS **6266 WHISPERING WAY**
CITY-ST-ZIP **ORLANDO FL 32807**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Doris S. Morall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)