

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000069544**

1. Entity Name

M.C.M. CONCEPTS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90321 004 ***150.00

Principal Place of Business

**200 TOWNE CENTER CIR
SEMINOLE TOWNE CENTER
SANFORD FL 32771
US**

Mailing Address

**1631 S. NOVA RD
SOUTH DAYTONA FL 32119
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3409120**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURNETT, RANDOM R
501 NORTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name

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

City

State

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

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

(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. ☐
(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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MERCER, JASON R	
STREET ADDRESS	4904 S. CLYDE MORRIS BLVD C	
CITY-STATE-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	☐ Delete
NAME	COPPER, WILLIAM C	
STREET ADDRESS	1509 HOLLY CT	
CITY-STATE-ZIP	LENOIR NC 28645	
TITLE	D	☐ Delete
NAME	MILLER, MARK J	
STREET ADDRESS	1631 S. NOVA RD	
CITY-STATE-ZIP	DAYTONA BEACH FL 32119	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a letter I am empowered.

SIGNATURE:

Mark J. Miller

Mark J. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (386) 756-0500

Date

Daytime Phone

CR2E034 (10/00)