FILED
03 MAR 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 192781

1. Entity Name
M L M, INC.

Principal Place of Business	Mailing Address
2512 ALHAMBRA CIR. CORAL GABLES, FL 33134 US	2512 ALHAMBRA CIR. CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address
4580 TAMIAMI TR, #3	4530 TAMIAMI TRAIL NO.
Suite, Apt. #, etc. NAPLES, FL	Suite, Apt. #, etc. #3
City & State 34103	City & State NAPLES, FL
Zip / Country USA	Zip 34103 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-0818124
☐ Applied For
☐ Not Applicable

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
MCTAGUE, ROBERT H. 2512 ALHAMBRA CIR. CORAL GABLES, FL 33134	Name: JAMES A. MCTAGUE Street Address (P.O. Box Number is Not Acceptable): 4530 TAMIAMI TRAIL, North, #3 City: NAPLES FL Zip Code: 34103

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: PRES JAMES A. MCTAGUE 3/12/03
Signature, type or print name of officer(s) or agent and title if applicable — (NOTE: Registered Agent's signature required when changing) — DATE

FILING FEE: $ 150.00
After July 1, 2003 the fee will be $ 400.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCTAGUE, ROBERT H. 2512 ALHAMBRA CIR. CORAL GABLES, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900014380104 03/19/03--01070--006 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCTAGUE, JAMES A. 2512 ALHAMBRA CIR. CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES A. MCTAGUE 4530 TAMIAMI TRAIL, North #3 NAPLES, FL. 34103	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCTAGUE, JAMES A. 2512 ALHAMBRA CIR. CORAL GABLES, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Jeanne M. MANURI 4530 TAMIAMI TRAIL NO, #3 NAPLES, FL. 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lenore MCTAGUE 4530 TAMIAMI TRAIL NO, #3 NAPLES, FL. 34103	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E084 (10/02)

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: JAMES A. MCTAGUE 3/12/03 239 261 1485
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — Daytime Phone #

MW