

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90243 002 ***158.75

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DOCUMENT # 397799

1. Entity Name
M & M INVESTORS, INC.



Principal Place of Business
374 BAHIA AVE.
KEY LARGO FL 33037-4338
US

Mailing Address
374 BAHIA AVE.
KEY LARGO FL 33037-4338
US

2. Principal Place of Business
374 BAHIA AVENUE
Suite, Apt. #, etc.

3. Mailing Address
374 BAHIA AVENUE
Suite, Apt. #, etc.

City & State
KEY LARGO, FL 33037-4338

City & State
KEY LARGO, FL 33037-4338

4. FEI Number **59-1380278**

Applied For
Not Applicable

Zip Country
33037 USA

Zip Country
33037 USA

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

6. Name and Address of Current Registered Agent

NELSON, MARY D
374 BAHIA AVENUE
KEY LARGO FL 33037

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

SIGNATURE _____ (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

TITLE	STD	<input type="checkbox"/> Delete
NAME	NELSON, MARY D	
STREET ADDRESS	374 BAHIA AVE	
CITY-ST-ZIP	KEY LARGO FL 33037-4338	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, MURRAY E	
STREET ADDRESS	374 BAHIA AVE	
CITY-ST-ZIP	KEY LARGO FL 33037-4338	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

4/14/2003

SIGNATURE: MARY D. NELSON

1(305)451-9316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)