

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

06-16-2003 90148 048 ***150.00

DOCUMENT # 398475

1. Entity Name ①

M&M AUTO SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5224 SR54	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW PORT RICHEY, FL	City & State
Zip 34652	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1413988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MACALUSO, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
5623 DUNCAN DR

City
NEW PORT RICHEY

FL

Zip Code
34653

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACALUSO, JOSEPH 5623 DUNCAN DR NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Macaluso JOSEPH MACALUSO 6/9/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #