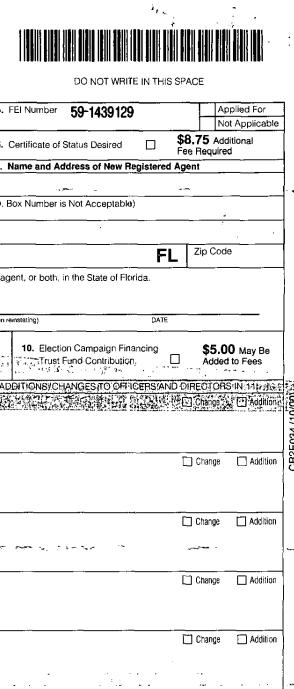
2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 414907** M & M ENTERPRISES OF DAYTONA, INC. Principal Place of Business Mailing Address 1502 STATE AVENUE 1502 STATE AVENUE HOLLY HILL FL 32117 HOLLY HILL FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-1439129 Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTTERFIELD. JOHN'E. Street Address (P.O. Box Number is Not Acceptable) **501 PEACOCK ROAD** HOLLY HILL FL 32017 City 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) 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 10. Election Campaign Financing Make Check Payable to Department of State Trust Fund Contribution. · S THE STORY OF STREET AND DIRECTORS AND COMPANY OF STREET PD Delete Sand STITLES TO STATE OF THE STATE O BUTTERFIELD, JOHN E. NAME 501 PEACOCK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLY HILL FL CITY-ST-ZIP VST TITLE ☐ Delete TITLE BUTTERFIELD, MARY Y. 501 PEACOCK RD. STREET ADDRESS

Mar 08, 2001 8:00 am **Secretary of State**

03-08-2001 90106 015 ***150.00



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 eath; 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 11 or Block 12 if an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Delete

Delete

SIGNATURE: '

STREET ADDRESS CITY-ST-ZIP

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

HOLLY HILL FL

HOLLY HILL FL

BUTTERFIELD, MARY, Y

501 PEACOCK RD ----

Addition

Change