## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 05, 2000 8:00 am Secretary of State **DOCUMENT # 647497** 1. Entity Name M & M SALES & ERECTION, INC. 02-05-2000 90049 014 \*\*\*150.00 Principal Place of Business Mailing Address 15200 NW 112 AVENUE 15200 NW 112 AVENUE REDDICK FL 32686 REDDICK FL 32686-2900 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1960942 Not Application Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARX, ROBERT Street Address (P.O. Box Number is Not Acceptable) 15200 NW 112 AVE. REDDICK, FLORIDA 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE Delete TITLE MARX, ROBERT L NAME NAME STREET ADDRESS 15200 NW 112 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDDICK, FLORIDA 00000 ☐ Change ☐ Addition TITLE ☐ Delete TITI F MARX, CHERYL A NAME STREET ADDRESS STREET ADDRESS 15200 NW 112 AVENUE CITY-ST-7IP CITY-ST-ZIP REDDICK, FLORIDA 00000 Change ☐ Addition ☐ Delete TITLE MARX, PAUL I. NAME STREET ADDRESS 15200 NW 112TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP REDDICK FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CRECK CUPYAROURED

2-1-00 (352)591-2472