

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 674247****1. Entity Name**
M & N REAL ESTATE STORE, INC.**Principal Place of Business**
513 W VINE ST.
KISSIMMEE FL 34741**Mailing Address**
513 W VINE ST.
KISSIMMEE FL 34741**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2008893**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****TOLLEFSRUD, MICHAEL**
2829 FLAMBOYAN ST.
KISSIMMEE FL 34744

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **ST** ☐ Delete
NAME **TOLLEFSRUD, MICHAEL**
STREET ADDRESS **513 W VINE ST**
CITY-ST-ZIP **KISSIMMEE, FL 00000****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **PD** ☐ Delete
NAME **TOLLEFSRUD, MICHAEL**
STREET ADDRESS **513 W VINE ST**
CITY-ST-ZIP **KISSIMMEE, FL 00000****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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 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.****SIGNATURE:***Michael Tollefsrud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2002 407-847-7117

Date

Daytime Phone #

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90058 042 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)