

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90662 038 ***150.00

0633173 SP

DOCUMENT # F01000000684

1. Entity Name

MMG, INC.

Principal Place of Business

Mailing Address

~~STATION SQUARE THREE, STE 202~~
~~PAOLI PA 19301 1314~~

~~STATION SQUARE THREE, STE 202~~
~~PAOLI PA 19301 1314~~

2. Principal Place of Business

8181 Coachlight Circle N

Suite, Apt. #, etc.

3. Mailing Address

8181 Coachlight Circle N

Suite, Apt. #, etc.

City & State

Seminole

City & State

Seminole

Zip

FL

Country

Zip

FL

Country

4. FEI Number

23-2825439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBER, PEGGY

8181 COACHLIGHT CIR, N.

SEMINOLE FL 33776

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.

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

TITLE **PCD** ☐ Delete
NAME **NUEMANN, THOMAS D**
STREET ADDRESS **9 ETIENNE ARBORDEAU**
CITY-ST-ZIP **DEVON PA**

TITLE **ST** ☐ Delete
NAME **GIOVANIS, GEORGE**
STREET ADDRESS **STATION SQUARE 3, STE 202**
CITY-ST-ZIP **PAOLI PA**

TITLE **VD** ☐ Delete
NAME **WEBER, MARGARET**
STREET ADDRESS **8181 COACHLIGHT CIRCLE NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ Delete
NAME **WEBER, JAMES J**
STREET ADDRESS **8181 COACHLIGHT CIRCLE NORTH**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)