

# 2000. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F990000000096

1. Entity Name  
TTMF, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90007 030 \*\*\*550.00

Principal Place of Business

1000 ATANDO AVE  
CHARLOTTE NC 28206

Mailing Address

1000 ATANDO AVE  
CHARLOTTE NC 28206

2. Principal Place of Business

1722 TONAL ST

Suite, Apt. #, etc.

3. Mailing Address

1722 TONAL ST

Suite, Apt. #, etc.

City & State

Charlotte NC

Zip 28206

Country USA

City & State

Charlotte NC

Zip 28206

Country USA

4. FEI Number

56-1356956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALL FL 32301

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00.**  
**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 CP  
NAME PLYER, PEGGY S  
STREET ADDRESS 1000 ATANDO AVE  
CITY-ST-ZIP CHARLOTTE NC 28206 ☒ Delete

TITLE VCST  
NAME PLYER, MARCUS R  
STREET ADDRESS 1000 ATANDO AVE  
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

TITLE V  
NAME PLYER, CHARLES E JR  
STREET ADDRESS 1000 ATANDO AVE  
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Tommy McLeod  
STREET ADDRESS 1722 TONAL ST  
CITY-ST-ZIP Charlotte NC 28206 ☐ Change ☐ Addition

TITLE Vice President  
NAME Marcus Plyler  
STREET ADDRESS 1722 TONAL ST  
CITY-ST-ZIP Charlotte NC 28206 ☒ Change ☐ Addition

TITLE V  
NAME Charles E Plyler Jr  
STREET ADDRESS 1722 TONAL ST  
CITY-ST-ZIP Charlotte NC 28206 ☒ Change ☐ Addition

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

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

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

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:

*Marcus R Plyler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcus R Plyler  
Date

7/17/00  
Daytime Phone #

704 335-1621

CR2E034 (5/00)