

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90121 029 ***158.75

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1. Entity Name
TMMF, INC.



Principal Place of Business
1722 TOAL STREET
CHARLOTTE NC 28206

Mailing Address
1722 TOAL STREET
CHARLOTTE NC 28206

2. Principal Place of Business

6108 BENJAMIN RD

3. Mailing Address

6135 LAKEVIEW RD

Suite, Apt. #, etc.

STE 300

Suite, Apt. #, etc.

SUITE 500

City & State

TAMPA, FL

City & State

CHARLOTTE, NC

Zip

33634

Country

US

Zip

28209

Country

US

☒ CHECK HERE IF MAKING CHANGES

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

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCLEOD, THOMAS
STREET ADDRESS 1722 TOAL STREET
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

TITLE V
NAME MCLEOD, MELISA
STREET ADDRESS 1722 TOAL STREET
CITY-ST-ZIP CHARLOTTE NC 28206 ☐ Delete

TITLE T
NAME CARROLL, JAMES
STREET ADDRESS 1722 TOAL STREET
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME THOMAS, MCLEOD
STREET ADDRESS 6135 LAKEVIEW RD, STE 500
CITY-ST-ZIP CHARLOTTE, NC 28269 ☒ Change ☐ Addition

TITLE VICE-PRESIDENT
NAME MELISA MCLEOD
STREET ADDRESS 6135 LAKEVIEW RD, STE 500
CITY-ST-ZIP CHARLOTTE, NC 28269 ☒ Change ☐ Addition

TITLE TREASURER
NAME JAMES CARROLL
STREET ADDRESS 6135 LAKEVIEW RD, STE 500
CITY-ST-ZIP CHARLOTTE, NC 28269 ☒ 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES CARROLL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2003

Date

704-971-4654

Daytime Phone #

CR2E034 (10/02)