## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F9900001808** Apr 03, 2000 8:00 am Secretary of State M & M RESOURCES CONSUMER DISCOUNT INC. 04-03-2000 90119 016 \*\*\*150.00 Principal Place of Business Mailing Address 1577 RIDGE ROAD W. SUITE 118 1577 RIDGE ROAD W. SUITE 118 ROCHESTER NY 14615-2520 ROCHESTER NY 14615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 16-1478587 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, LARRY 938 CLINT MOORE ROAD 6907 Vista Parkway North BOGA RATON FL 33487 Building # 1704 West Palm Beach, FL 33467 DAVIS, LARRY Street Address (P.O. Box Number is Not Acceptable) 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME MALONI, MICHAEL S STREET ADDRESS STREET ADDRESS 330 EILEEN DRIVE CITY-ST-ZIP CITY-ST-ZIP **ROCHESTER NY 14616** Delete **SVP** Change ☐ Addition TITI F TITLE NAME CRANSTON, THOMAS NAME STREET ADDRESS STREET ADDRESS 17 TWINBROOK COURT CITY - ST- 7IP CITY-ST-ZIP **CLIFTON PARK NY 12065** ☐ Addition ☐ Change 💢 Delete TITLE TITLE NAME BOTTINI, NICHOLAS R NAME STREET ADDRESS STREET ADDRESS 168 WOODSTOCK ROAD CITY-ST-ZIP CITY-ST-ZIP Lynn Komagnolo 17 Holly Crole **ROCHESTER NY 14609** Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS spencerport, NY 14559 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/30/00 7168650951