

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003020

1. Entity Name  
**M M & I SUPPLY COMPANY, INCORPORATED**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90099 049 \*\*\*150.00

Principal Place of Business  
**13170 WHITE MARSH LANE #202**  
**FT. MYERS FL 33912**

Mailing Address  
**13170 WHITE MARSH LANE #202**  
**FT. MYERS FL 33912-3867**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13621 China Berry Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**13621 China Berry Way**  
Suite, Apt. #, etc.

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

4. FEI Number  
**36-4102807**

Applied For  
☐ Not Applicable

Zip  
**33908**

Country  
**Lee**

Zip  
**33908**

Country  
**Lee**

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**

**BRINKMAN, GEORGE J**  
**13170 WHITE MARSH LANE #202**  
**FT. MYERS FL 33912**

Name  
**Brinkman, George J**

Street Address (P.O. Box Number is Not Acceptable)  
**13621 China Berry Way**

City  
**Fort Myers**

FL Zip Code  
**33908**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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  
**PDST**

NAME  
**BRINKMAN, PAMELA A**

STREET ADDRESS  
**13170 WHITE MARSH LANE #202**

CITY-ST-ZIP  
**FT. MYERS FL 33912**

☐ Delete

TITLE  
**PDST**

NAME  
**Brinkman, Pamela A**

STREET ADDRESS  
**13621 China Berry Way**

CITY-ST-ZIP  
**FT. Myers, FL 33908**

☒ Change ☐ Addition  
**NEW ADDRESS**

TITLE  
**DV**

NAME  
**BRINKMAN, GEORGE**

STREET ADDRESS  
**13170 WHITE MARSH LANE #202**

CITY-ST-ZIP  
**FT. MYERS FL 33912**

☐ Delete

TITLE  
**DV**

NAME  
**Brinkman, George**

STREET ADDRESS  
**13621 China Berry Way**

CITY-ST-ZIP  
**FT. Myers, FL 33908**

☒ Change ☐ Addition  
**NEW ADDRESS**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-28-00

CR2E034 (9/99)