

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G47575

1. Entity Name

M. M. M. MOWING, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90196 013 ***158.75

Principal Place of Business

6191 22ND AVE SW
NAPLES FL 33999

Mailing Address

6191 22ND AVE SW
NAPLES FL 34116-5433

2. Principal Place of Business

3138 TANGLEWYDE AVE
Suite, Apt. #, etc.
~~LAKE PLACID FL~~

3. Mailing Address

3138 TANGLEWYDE AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE PLACID FL

City & State

LAKE PLACID FL

4. FEI Number

59-2366788

Applied For

Not Applicable

Zip

Country

33852 USA

Zip

Country

33852 USA

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

MCCALLUM, JOHN
~~6191 22ND AVE SW~~
~~NAPLES FL 33999~~

Name

JOHN MCCALLUM

Street Address (P.O. Box Number is Not Acceptable)

3138 TANGLEWYDE AVE

City

LAKE PLACID

FL

Zip Code

33852

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 JOHN MCCALLUM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/00

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, 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 PT ☐ Delete
NAME MCCALLUM, JOHN
STREET ADDRESS ~~6191 22ND AVE SW~~ 3138 TANGLEWYDE AVE
CITY-ST-ZIP ~~NAPLES FL~~ LAKE PLACID

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

TITLE VPS ☐ Delete
NAME MCCALLUM, SARA
STREET ADDRESS ~~6191 22ND AVE SW~~ 3138 TANGLEWYDE AVE
CITY-ST-ZIP ~~NAPLES FL~~ LAKE PLACID

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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

JOHN MCCALLUM

4/18/00

Date

863 465-6223

Daytime Phone #

CR2E034 (9/99)