

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22863

1. Entity Name
M & M INVESTMENTS OF TAMPA, INC.

Principal Place of Business
5206 S. MAC DILL AVE.
TAMPA FL 33611

Mailing Address
5206 S. MAC DILL AVE.
TAMPA FL 33611

2. Principal Place of Business
10008 N. 30th
Suite, Apt. #, etc.

3. Mailing Address
10008 N. 30th St.
Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number 59-2699585

Applied For
Not Applicable

Zip 33612 Country Hillsborough

Zip 33612 Country Hillsborough

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPOLI, FLORENCE C
18233 CLEARLAKE DR.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name Michael Rudy Napoli
Street Address (P.O. Box Number is Not Acceptable)
10008 N. 30th St.
City Tampa FL Zip Code 33612

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: *Michael Rudy Napoli (Pres)* Michael Rudy Napoli Pres. 1-10-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) 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, 2001 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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	NAPOLI, FLORENCE C	
STREET ADDRESS	18233 CLEAR LAKE DR	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Rudy Napoli	
STREET ADDRESS	10008 N. 30 th St.	
CITY - ST - ZIP	Tampa FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Rudy Napoli* Michael Rudy Napoli Pres 1-10-01 813-971-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90129 007 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)