2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State **DOCUMENT # J47233** M & M ENTERPRISES OF WINTER HAVEN, INC. 05-08-2000 90110 006 ***150.00 Principal Place of Business Mailing Address 885 LAKE MYRTLE RD. 885 LAKE MYRTLE RD. AUBURNDALE FL 33823-9318 AUBURNDALE FL 33823 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 59-2752041 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARQUIS, DANIEL ROLAND Street Address (P.O. Box Number is Not Acceptable) 552 SUTTON RD. **AUBURNDALE FL 33823** City 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) DATE 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 \Box (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 TITI F Change | ☐ Addition TITLE MARQUIS, DANIEL ROLAND NAME NAME STREET ADDRESS STREET ADDRESS 552 SUTTON RD. CITY-ST-ZIP CITY-ST-ZIE AUBURNDALE FL VDST Change Addition ☐ Delete TITLE TITLE MARQUIS, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 552 SUTTON RD. CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL ☐ Delete TITLE ☐ Change _Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF MINING OFFICER OR DIRECTOR Date Dayling Phone #

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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

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changed, or on an attachment with an address, with