

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90253 004 ***150.00

DOCUMENT # K20850

1. Entity Name

4-M ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**5333 BUCKHEAD CIRCLE
 BOCA RATON FL 33486
 US**

**5333 BUCKHEAD CIRCLE
 BOCA RATON FL 33486
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0043308

Applied For

Not Applicable

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

**MURPHY, PATRICIA M.
 721 VILLA PORTOFINO CIRCLE
 DEERFIELD FL 33442**

Name **MURPHY, Patricia M.**

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

5333 Buckhead Circle

City **Boca Raton**

FL

Zip Code **33486**

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 **MURPHY, Patricia M. PRESIDENT**

Patricia M. Murphy

1-26-01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, DENNIS M.	
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	MURPHY, PATRICIA M.	
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, DENNIS M., JR.	
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MURPHY, TIMOTHY M.	
STREET ADDRESS	721 VILLA PORTOFINO CIRCLE	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DENNIS M.	
STREET ADDRESS	5333 Buckhead Circle	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, PATRICIA M.	
STREET ADDRESS	5333 Buckhead Circle	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, DENNIS M. JR.	
STREET ADDRESS	5333 Buckhead Circle	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, Timothy M.	
STREET ADDRESS	5333 Buckhead Circle	
CITY-ST-ZIP	BOCA RATON, FL 33486	
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: **MURPHY, Patricia M. PRESIDENT** **Patricia M. Murphy** **1-26-01** **954-428-2490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)