

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 007 ***158.75

DOCUMENT # K66122

1. Entity Name

M & M HOMES, INC.

Principal Place of Business

Mailing Address

M & M HOMES, INC.
1304 CAPITAL CIRCLE NW
TALLAHASSEE FL 32304
US

M & M HOMES, INC.
1304 CAPITAL CIRCLE NW
TALLAHASSEE FL 32304
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

59-2943364

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

MARTIN, HARRY T
1304 CAPITAL CIRCLE NW
TALLAHASSEE FL 32304

Name

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

City

FL

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

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 **P** ☐ Delete
 NAME **MARTIN, HARRY T**
 STREET ADDRESS **3229 STORRINGTON DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harry T. Martin **Harry T. Martin**

5/10/01

Date

850-575-0628

Daytime Phone #

CR2E034 (10/00)



MOBILE

HOMES

MODULAR

Attachment

*BD05774
K6600*

May 10, 2001

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing this letter requesting that the late fee for filing our annual report be waived. Due to a turnover in our office staff, I just received this report.

Thank you for your consideration in this matter. Please inform me of your decision.

Sincerely,

Harry T. Martin

Harry T. Martin