## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000016938 04-22-2002 90156 044 \*\*\*\*50 00 1. Entity Name MCM HOLDINGS, L.L.C. Principal Place of Business Mailing Address 86469 1526 FAHNSTOCK ST 1526 FAHNSTOCK ST EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3148857 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOWERS, MICHAEL CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1526 FAHNSTOCK ST **EUSTIS FL 32726** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Deleta TITLE ☐ Change (9/01) ☐ Addition MOWERS, MICHAEL CHRISTOPHER NAME NAME STREET ADDRESS 1526 FAHNSTOCK ST STREET ADDRESS CR2E083 CITY-ST-ZIE EUSTIS FL 32726 CITY-ST-71P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channa ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ' ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ilmited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

Daytime Phone #