

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90226 012 ****50.00

DOCUMENT # L01000020084

1. Entity Name

M. PROPERTIES & INVESTMENTS, L.L.C.

Principal Place of Business

**8668 NAVARRE PARKWAY. #346
 NAVARRE FL 32566**

Mailing Address

**8668 NAVARRE PARKWAY. #346
 NAVARRE FL 32566**

966989

2. Principal Place of Business

9174 Sunset Dr.

Suite, Apt. #, etc.

3. Mailing Address

8668 Navarre Pkwy. #346

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Navarre, Fl. 32566

Zip

Country

City & State

Navarre, Fl. 32566

Zip

Country

4. FEI Number

593759253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CASH, MARGARET E
 9174 SUNSET DR.
 NAVARRE FL 32566**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **MUNDY, HARRY L III**
 STREET ADDRESS **8668 NAVARRE PARKWAY**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

5/6/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)