

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000025503

FILED  
Mar 25, 2003  
Secretary of State

Entity Name: M & B INDUSTRIES, LLC

**Current Principal Place of Business:**

2993 HARBOUR LANDING WAY  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

2993 HARBOUR LANDING WAY  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 01-0745441      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LUTZ, BONNIE M  
2993 HARBOUR LANDING WAY  
CASSELBERRY, FL 32707      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LUTZ, BONNIE M  
Address: 2993 HARBOUR LANDING WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete  
Name: LUTZ, HANS F  
Address: 2993 HARBOUR LANDING WAY  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete  
Name: BRENNAN, MARGARET J  
Address: 2016 SHADY HILL TERRACE  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: BRENNAN, JOHN  
Address: 2016 SHADY HILL TERRACE  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: BARRACK, MITCHEL  
Address: 3965 HAYNES CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BONNIE LUTZ

MGRM

03/25/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date