

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90991 045 ***150.00

05020670 AV

DOCUMENT # L82264

1. Entity Name
M & B HOLDINGS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**12370 METRO PARKWAY
FT. MYERS FL 33912-1313
US**

Mailing Address
**12370 METRO PARKWAY
FT. MYERS FL 33912-1313
US**



2. Principal Place of Business
**17640 HEARD LANE
Suite, Apt. #, etc.
FORT MYERS, FL**

3. Mailing Address
**17640 HEARD LANE
Suite, Apt. #, etc.**

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number **65-0205463**

Applied For
Not Applicable

Zip **33908** Country **LEE**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BYNUM, BRUCE A.
12370 METRO PARKWAY
FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **BYNUM, BRUCE A.**
Street Address (P.O. Box Number is Not Acceptable)
17640 HEARD LANE
City **FORT MYERS, FL** Zip Code **33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BYNUM, BRUCE, A 1361 WAINWRIGHT WAY FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BYNUM, MARILYN, C 1361 WAINWRIGHT WAY FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENBERT, KATHRYN ANN 1218 OXFORD RD. N.E. ATLANTA GA 30306-2610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGMIRE, GRETCHEN, SUE 7908 GREENWOOD CT. TERRE HANTE IN 47802	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BYNUM, BRUCE A. 17640 HEARD LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BYNUM, MARILYN C. 17640 HEARD LANE FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRUCE A BYNUM** 4/29/03 239-433-1864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)