

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90123 011 \*\*\*150.00

**DOCUMENT # M69416**

1. Entity Name  
**M.A.M. INDUSTRIES, INC.**



Principal Place of Business  
**M.A.M. INDUSTRIES INC**  
**10736 SKYLARK DR**  
**JACKSONVILLE FL 32257**  
**US**

Mailing Address  
**M.A.M. INDUSTRIES INC**  
**10736 SKYLARK DR**  
**JACKSONVILLE FL 32257**  
**US**

**55051777**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2875592**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CHAO, THOMAS K.**  
**10736 SYKLARK DR.**  
**JACKSONVILLE FL 32257**

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

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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	<b>DPT</b> <b>CHAO, THOMAS K.</b> <b>10736 SKYLARK DR.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>CHAO, LECO L.</b> <b>10736 SKYLARK DR.</b> <b>JACKSONVILLE FL</b>	<input 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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:** **SIGNATURE REQUIRED** **LeCo Chao, VP**

**7/14/03**

**909262-6606**

Date Daytime Phone #

CR2E034 (4/03)

*Attachment*  
**Sussman, Jaffe & Company, P.A.**

Certified Public Accountants

Belfort Road South Professional Park

5150 Belfort Road - Building 300 • Jacksonville, Florida 32256

Lawrence L. Jaffe, C.P.A.  
Charles R. Sussman, C.P.A.  
R. Steven Gaines, C.P.A.

Telephone (904) 296-2630  
Fax (904) 296-2717  
E-Mail: info@sussmanjaffecpa.com

July 15, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

*55051777*  
*#M69416*

Re: MAM Industries, Inc.  
~~Document # M69416~~  
EI #59-2875592  
Uniform Business Report-2003

Gentlemen,

Our client has requested that we contact you regarding the Uniform Business Report for 2003. Our client received the 60-day notice reflecting that your office had not received the initial return as filed. Discussions with your office have revealed that our client inadvertently neglected to sign the Form; therefore, it was returned on April 21, 2003. However, due to our client's travel schedule, the Form was misplaced and not resubmitted. Please note that the fee of \$150.00 remitted by our client with the original form was received by your office and deposited on April 23, 2003. We are enclosing a copy of the cancelled check reflecting that the fee was paid on time.

Based on the above information, and on the fact that our client did, in fact, remit the original return prior to the due date, we are requesting that the late fee be waived for reasonable cause. Our client has signed the second form sent by your office so that it can be properly processed. A search of your records will reveal that our client has always timely remitted the annual reports; therefore, we believe that reasonable cause exists to have any potential penalty be waived.

If you have any questions about the above, or if we can be of any further assistance, please do not hesitate to contact us. Thank you for your cooperation and attention to this matter.

Please receipt the copy of this letter and return it to us in the enclosed envelope.

Very truly yours,

*Charles R. Sussman*

Charles R. Sussman, C.P.A.

Enclosures

CC: MAM Industries, Inc.

CRS/gsm