

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90019 033 \*\*\*\*61.25

**DOCUMENT # N99000004314**

1. Entity Name

**M.H.M.B. INC.**

Principal Place of Business

**1582 WATER DRIVE NE  
 UNIT D  
 PALM BAY FL 32905**

Mailing Address

**1582 WATER DRIVE NE  
 UNIT D  
 PALM BAY FL 32905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WALDRON, TOM D  
 112 W NEW HAVEN AVE  
 MELBOURNE FL 32901**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **MARR, HENRY**  
 STREET ADDRESS **2615 ARISTOCRAT DR**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VD** ☐ Delete  
 NAME **HUGGINS, AL**  
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **V** ☒ Delete  
 NAME **GARDNER, ED**  
 STREET ADDRESS **2506 AMBERLY RE., NE**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **S** ☐ Delete  
 NAME **LADOW, SID**  
 STREET ADDRESS **773 ATLANTIC RD SE**  
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **TD** ☐ Delete  
 NAME **RAKEBRAND, HERB**  
 STREET ADDRESS **2524 LEMON ST NE**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **HOWARD SAXTON**  
 STREET ADDRESS **455 COLLEEN AVE NE**  
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **V** ☒ Change ☐ Addition  
 NAME **AL KEE**  
 STREET ADDRESS **1143 HERNE AVE NE**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☐ Change ☒ Addition  
 NAME **HENRY MARR**  
 STREET ADDRESS **2615 ARISTOCRAT DR.**  
 CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **S** ☒ Change ☐ Addition  
 NAME **WILLIAM PITMAN**  
 STREET ADDRESS **2075 MICHELS DR NE**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **AL TRAMMELLE**  
 STREET ADDRESS **887 VANCE CIRCLE NE**  
 CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ARNE BERNTSEN**  
 STREET ADDRESS **1143 HERNE AVE NE**  
 CITY-ST-ZIP **PALM BAY FL 32907**

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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with attachments, with all other information required.

SIGNATURE: *William C. Pitman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/01 321 724 8755**

Date

Daytime Phone #

CR2E037 (10/00)