

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90227 005 \*\*\*150.00

**DOCUMENT # P00000012446**

1. Entry Name  
**M & M EQUIPMENT REPAIR, INC.**

Principal Place of Business  
**8350 NE 108TH LANE  
 BRONSON FL 32821**

Mailing Address  
**8350 NE 108TH LANE  
 BRONSON FL 32821**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**59-3625012**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, MICHAEL T  
 8350 NE 108TH LANE  
 BRONSON FL 32821**

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RODRIGUEZ, MICHAEL T</b> <b>8350 NE 108TH LANE</b> <b>BRONSON FL 32821</b> <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	<b>VPD</b> <b>RODRIGUEZ, LINDA J</b> <b>8350 NE 108TH LANE</b> <b>BRONSON FL 32821</b> <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	<b>VP</b> <b>RODRIGUEZ, MARK L</b> <b>8350 NE 108TH LN</b> <b>BRONSON FL 32821</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2EC04 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other IIR empowered.

SIGNATURE: *Michael T. Rodriguez* **Michael T. Rodriguez** 4-23-02 352-4862607  
 Signature and typed or printed name of officer, director or director Date Daytime Phone #