

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91335 012 \*\*\*150.00

**00053989**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> P00000046256 <b>1. Entity Name</b> M&M Hillsborough, Inc.			
<b>Principal Place of Business</b> 28050 US Hwy 19 N. Clearwater, FL 33761		<b>Mailing Address</b> 28050 US Hwy. 19 N. Clearwater, FL 33761	
<b>2. Principal Place of Business</b> 2627 McCormick Drive Suite, Apt. #, etc. Suite 102 Clearwater, FL 33759 Zip 33759 Country US		<b>3. Mailing Address</b> 2627 McCormick Drive Suite, Apt. #, etc. Suite 102 Clearwater, FL 33759 Zip 33759 Country US	
<b>4. FEI Number</b> 59-3647336		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> David R. Brittain 101 E. Kennedy Blvd., Suite 2700 Tampa, FL 33602		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Charles H. Monroe, III 28050 US Hwy. 19 N., Suite 208 Clearwater, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Charles H. Monroe, III 2627 McCormick Drive, Suite 102 Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Kenneth I. Morin 115 S. Albany Tampa, FL 33606	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 like empowered.</b>			
<b>SIGNATURE:</b> <i>Charles H. Monroe</i>		Date _____ Daytime Phone # _____	

CR2E034 (11/00)