

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90245 005 ***150.00

DOCUMENT # P00000061776

1. Entity Name
MMI SOUTHEAST, INC.

Principal Place of Business
8084 N DAVIS HWY PMB 219
PENSACOLA FL 32514

Mailing Address
8084 N DAVIS HWY PMB 219
PENSACOLA FL 32514

2. Principal Place of Business
5700 N. Davis Hwy
 Suite, Apt. #, etc.
Suite 3

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State

4. FEI Number
59-3666791

Applied For
 Not Applicable

Zip
32503

Country

Zip

Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHASE, JAMES-L
101 E GOVERNMENT ST
PENSACOLA FL 32501

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<input type="checkbox"/> Delete	D PARAVATE, LOUIS A 8084 N DAVIS HWY PMB 219 PENSACOLA FL 32514
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (850) 494-3030
Date Daytime Phone #

CR2E034 (10/00)