

6/27

FILED
Sep 06, 2001 8:00 am
Secretary of State

06-27-2001 90006 042 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063664

1. Entity Name

M&T MARKETS, INC.

Principal Place of Business

7434 SE 12TH CIR
OCALA FL 34480

Mailing Address

7434 SE 12TH CIR
OCALA FL 34480

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

59-365 9090

Applied For

Not Applicable

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

MCMAHON, MICHAEL
 7434 SE 12TH CIR
 OCALA FL 34480

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

Michael McMahon

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL MCMAHON PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

6/25/01

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

TITLE D ☐ Delete
 NAME MCMAHON, MICHAEL
 STREET ADDRESS 7434 SE 12TH CIR
 CITY-ST-ZIP OCALA FL 34480

TITLE D ☐ Delete
 NAME MCMAHON, TAMMIE
 STREET ADDRESS 7434 SE 12TH CIR
 CITY-ST-ZIP OCALA FL 34480

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Michael McMahon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MCMAHON

Date

6/25/01

Daytime Phone #

352-237-8005

CR2E034 (10/00)