

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000079473

1. Entity Name
M MANAGEMENT SERVICES, INC.

Principal Place of Business
728 E OCEAN BLVD
STUART FL 34994

Mailing Address
728 E OCEAN BLVD
STUART FL 34994

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 28 AM 11:59



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1070000
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, FRANK D
728 E OCEAN BLVD
STUART FL 34994

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 _____

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME MURPHY, FRANK D
STREET ADDRESS 728 E OCEAN BLVD
CITY-ST-ZIP STUART FL 34994

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004717488-5
-12/10/01--01110--018
****150.00 ****150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

11/21/01

CR2E034 (5/01)

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FRANK D. MURPHY, M. D.
Orthopedic Surgeon
Diplomate American Board of Orthopedic Surgery

728 East Ocean Boulevard
Stuart, Florida 34994

Phone (561) 283-6333
Phone (561) 879-7044
Fax (561) 283-3629

October 24, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: M Management Services, Inc.
Document #P00000079473

I am in receipt of your notice to file my 2001 Uniform Business Report. Please be advised that I did file the UBR online using the code number 0390 as specified with payment by credit card.

Apparently this transaction never went through, so I am enclosing a check for \$150. along with my application.

Sincerely,


Frank D. Murphy
FDM/pf