

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-20-2002 90034 018 ***150.00

DOCUMENT # P00000097672

1. Entity Name

4M2, INC.

Principal Place of Business

5327 HOLTAND DR
 APOPKA FL 32712

Mailing Address

5327 HOLTAND DR
 APOPKA FL 32712

2. Principal Place of Business

3811 LORNE CT

Suite, Apt. #, etc.

3. Mailing Address

3811 LORNE CT

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA, FL

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

59-3607918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KERN, KENNETH MARK
 5327 HOLTAND DR
 APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

KERN, KENNETH MARK

Street Address (P.O. Box Number is Not Acceptable)

3811 LORNE CT

City

APOPKA

FL

Zip Code

32712

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 \$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

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
 KERN, KENNETH MARK
 5327 HOLTAND DR
 APOPKA FL 32712

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

KERN, Kenneth mark
 3811 LORNE CT
 APOPKA, FL 32712

TITLE
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☐ Change ☐ Addition

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:

Kenneth Mark Kern
 KENNETH MARK KERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)