

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90010 041 ***150.00

DOCUMENT # P00000107358

1. Entity Name

M AND M PROPERTY SERVICES, INC.

Principal Place of Business

**10103 WESTGATE CT
TAMPA FL 33615**

Mailing Address

**10103 WESTGATE CT
TAMPA FL 33615**

701260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10103 WESTGATE CT
Suite, Apt. #, etc.

3. Mailing Address

10103 WESTGATE CT
Suite, Apt. #, etc.

City & State

TAMPA, FL
Zip **33615** Country **US**

City & State

TAMPA, FL
Zip **33615** Country **US**

4. FEI Number

59-3685189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, C. STEPHEN ESQ.
4830 W KENNEDY BLVD STE 335
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **ALLEN, C. STEPHEN ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
4830 W. Kennedy Blvd. Suite 335
City **Tampa** FL Zip Code **33609**

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. ☐

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 **PD** ☐ Delete
NAME **GILLIS, WILLIAM MARK**
STREET ADDRESS **10103 WESTGATE CT**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **VD** ☒ Delete
NAME **MYERS, MARIAN**
STREET ADDRESS **10103 WESTGATE CT**
CITY-ST-ZIP **TAMPA FL 33615**

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 **VD** ☒ Change ☐ Addition
NAME **MYERS, LINDA MARION**
STREET ADDRESS **10103 WESTGATE CT.**
CITY-ST-ZIP **Tampa, FL 33615**

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

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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.

LINDA MARION MYERS

SIGNATURE:

Linda M. Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01
Date

813-249-7440
Daytime Phone #

CR2E034 (10/00)