

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001380

DOCUMENT # P00000107796

1. Entity Name

MEDICAL MEDIA & ASSOCIATES, INC.

FILED

01 FEB 22 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2585 ST. MICHELS AVE.  
MELBOURNE FL 32935

2585 ST. MICHELS AVE.  
MELBOURNE FL 32935

2. Principal Place of Business

245C Sarno Rd.

3. Mailing Address

P.O. Box 120155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3684830

Applied For

Not Applicable

Zip

Country

32935 U.S.

Zip

Country

32912 U.S.

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

MARTINEZ, LOUIS

1640 LEE RD.

WINTER PARK FL 32789

Name

D. Leigh Richmond

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

2285 Dolphin Rd.

City

Titusville

FL

Zip Code

32820

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

*D. Leigh Richmond*

2/20/01

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS ROBERTS, JOYCE M  
CITY-ST-ZIP 2585 ST. MICHELS AVE.  
MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 100003782801--8  
-02/27/01--01077-016  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NOLIN, NORM  
CITY-ST-ZIP 2585 ST. MICHELS AVE.  
MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 100003782801--8  
-02/27/01--01077-017  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

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:

*Joyce M. Roberts - President*  
Joyce M. Roberts - President

2/20/01

(321) 242-3422

Date

Daytime Phone #

CR2E034 (10/00)