

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90055 001 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113499																																							
1. Entity Name M & M PROPERTIES, INC.																																							
Principal Place of Business 2320 CAPTAIN BUTLER TRAIL NEW SMYRNA BEACH, FL 32168		Mailing Address 2320 CAPTAIN BUTLER TRAIL NEW SMYRNA BEACH, FL 32168																																					
2. Principal Place of Business 2600 CONE LAKE DR Suite, Apt. #, etc. NEW SMYRNA BEACH FL City & State		3. Mailing Address SAME Suite, Apt. #, etc. City & State																																					
4. FEI Number 59-3704921		Applied For Not Applicable																																					
5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required		6. Name and Address of Current Registered Agent TINSLEY, GARY W 213 SILVER BEACH AVE. DAYTONA BEACH, FL 32118																																					
7. Name and Address of New Registered Agent ANGELO SACCENTE 2600 CONE LAKE DR NEW SMYRNA BEACH FL 32168		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Angeline Saccente</i> DATE: 5-1-03																																					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>☐ Delete</th></tr></thead><tbody><tr><td>D</td><td>SACCENTE, ANGELO</td><td>2320 CAPTAIN BUTLER TRAIL</td><td>NEW SMYRNA BEACH, FL 32168</td><td></td></tr><tr><td>D</td><td>SACCENTE, JACQUELINE</td><td>2320 CAPTAIN BUTLER TRAIL</td><td>NEW SMYRNA BEACH, FL 32168</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	D	SACCENTE, ANGELO	2320 CAPTAIN BUTLER TRAIL	NEW SMYRNA BEACH, FL 32168		D	SACCENTE, JACQUELINE	2320 CAPTAIN BUTLER TRAIL	NEW SMYRNA BEACH, FL 32168																						
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>☐ Change</th><th>☐ Addition</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition																															12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <i>Angeline Saccente</i> DATE: VP 5-1-03 384-409-7880	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition																																		

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☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)