

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90091 043 ***150.00

UNIFORM AV

DOCUMENT # P01000010434

1. Entity Name
M & M PRINTING & GRAPHICS, INC.



Principal Place of Business
**409 MAGNOLIA AVE
AUBURNDALE FL 33823**

Mailing Address
**409 MAGNOLIA AVE
AUBURNDALE FL 33823**



2. Principal Place of Business
119 Main Street
Suite, Apt. #, etc.

3. Mailing Address
119 Main Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Auburndale, FL

City & State
Auburndale, FL

Zip
33823

Zip
33823

4. FEI Number
59-3695130

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURRAY, TINA
409 MAGNOLIA AVE
AUBURNDALE FL 33823**

7. Name and Address of New Registered Agent

Name
Murray, Tina

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

City
Auburndale

State
FL

Zip Code
33823

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 Tina Murray **Tina Murray, President** **1-21-03**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURRAY, TINA 132 ADAMS RD AUBURNDALE FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURRAY, JAMES A 132 ADAMS RD AUBURNDALE FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 Old Nichols Circle Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 Old Nichols Circle Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tina Murray **Tina Murray** **1-21-03 (863) 967-6949**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)