

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90188 010 ***150.00

0063618 AV

DOCUMENT # P01000028282

1. Entity Name
M & M PAINT, INC.



Principal Place of Business
1132 CASWELL BRANCH RD
FREEPORT FL 32439

Mailing Address
P. O. BOX 906
FREEPORT FL 32439

2. Principal Place of Business

3. Mailing Address

113 Caswell Branch Rd. P.O. Box 906

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Freeport, FL

Freeport FL

Zip

Country

Zip

Country

32439

USA

32439

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRETT, MARGARET
43 CASWELL BRANCH RD.
FREEPORT FL 32439

Name

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

City

FL

Zip Code

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 *Margaret Garrett*

Signature, typed or printed name of registered agent and title if applicable.

Margaret Garrett

(NOTE: Registered Agent signature required when reinstating)

5/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **GARRETT, MARGARET**
STREET ADDRESS **43 CASWELL BRANCH RD.**
CITY-ST-ZIP **FREEPORT FL 32439**

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

TITLE **VD** ☐ Delete
NAME **GARRETT, JOSEPH**
STREET ADDRESS **43 CASWELL BRANCH RD.**
CITY-ST-ZIP **FREEPORT FL 32439**

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

TITLE *Assistant Vice President* ☐ Delete
NAME *James Mosely*
STREET ADDRESS *113 Caswell Branch Rd.*
CITY-ST-ZIP *Freeport, FL 32439*

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
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

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: *Margaret Garrett* *5/10/03* *888 235 1567*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

90135941

Attachment
#P01000028282

To Division of Corporations:
P.O. Box 6327
Tallahassee, FL 32314

I have enclosed the 150.00 standard yearly fee. I realize that there is a late fee after May 1 but we were on vacation for the month of April and did not have payroll that month, so I was hoping that the late fee could be waived this time. If this is not acceptable, please send us a bill for the late fee.

Diane Garrett
M&M Paint Inc.
P.O. Box 906
Freeport, FL 32439