

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000028282**

1. Entity Name
M & M PAINT, INC.



Principal Place of Business
**113 CASWELL BRANCH RD
FREEPORT FL 32439**

Mailing Address
**P. O. BOX 906
FREEPORT FL 32439**

2. Principal Place of Business
113 Caswell Branch Rd. P.O. Box 906

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Freeport, FL

City & State
Freeport FL

Zip
32439

Zip
32439

Country
USA

Country
USA

6. Name and Address of Current Registered Agent

**GARRETT, MARGARET
43 CASWELL BRANCH RD.
FREEPORT FL 32439**

4. FEI Number
59-3705697

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

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 5/10/03
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PDS GARRETT, MARGARET 43 CASWELL BRANCH RD. FREEPORT FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARRETT, JOSEPH 43 CASWELL BRANCH RD. FREEPORT FL 32439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Vice President James Moseley 113 Caswell Branch Rd. Freeport, FL 32439	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Margaret Garrett 5/10/03 888 225 1567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/02)

005618
AV

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 wavered 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