

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

FILED
May 24, 2002 8:00 am
Secretary of State

01-23-2002 90057 029 ***158.00
05-24-2002 91328 025 ***150.00

DOCUMENT # P01000061953
1. Entity Name **M+M INTERNATIONAL AEROSPACE
METALS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1525 STATE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLY HILL FL
Zip
32117
Country
USA

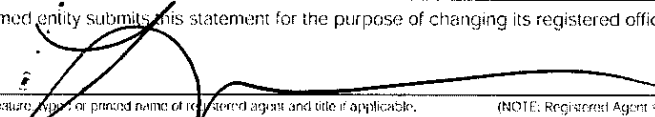
City & State
Zip
Country

4. FEI Number
59-3724566
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
FERGUSON, JOHN P PALMETTO CHTR
Street Address (P.O. Box Number is Not Acceptable)
150 MAGNOLIA AVE
City
DAYTONA BEACH FL Zip Code
32115

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  DATE **05/01/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when non-stating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See Criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINA MULDOON 1525 STATE AVE HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **05/01/02 (386) 677-4255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *