

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
 04-11-2002 90103 022 ***150.00

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DOCUMENT # P01000061983

1. Entity Name

M&M CONSULTING OF NW FLORIDA, INC.

Principal Place of Business

C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR. STE. 1014
 FT. WALTON BEACH FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER
 909 MAR WALT DR. STE. 1014
 FT. WALTON BEACH FL 32547

2. Principal Place of Business

147 Ferry RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

City & State

Ft. Walton Beach, FL

4. FEI Number

59-3731063

Applied For

Not Applicable

Zip

32548

Country

OKALOOSA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
 909 MAR WALT DR., STE. 1014
 FT. WALTON BEACH FL 32547

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 WOODS, MELVIN D 147 FERRY RD. FT. WALTON BEACH FL 32548 | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 785-554-6525
 Date Daytime Phone #

CR2E034 (9/01)