

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90154 046 ***150.00

DOCUMENT # P01000066523

1. Entity Name
M&M RESTAURANT MANAGEMENT, INC.

Principal Place of Business Mailing Address
2801 S. NOVA ROAD 2801 S. NOVA ROAD
SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119

2. Principal Place of Business 3. Mailing Address
same same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3713546 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTIN, STEPHEN G
630 N. WILD OLIVE AVENUE
SUITE B
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name: **Dale Martin**
 Street Address (P.O. Box Number is Not Acceptable): **2801 S. Nova Road**
 City: **South Daytona FL** Zip Code: **32129**

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: *Dale Martin* Pres. **DALE MARTIN** DATE: **4/16/02**

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	P	<input type="checkbox"/> Delete
NAME	MARTIN, DALE E	
STREET ADDRESS	2801 S. NOVA ROAD	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORRIS, MICHAEL G	
STREET ADDRESS	6058 RED STAG DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dale Martin* **DALE MARTIN** Date: **4/13/02** 386-788-0827
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

AV CR2E034 (9/01)