

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91779 015 ***150.00

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DOCUMENT # P01000111113

1. Entity Name

MMM HOLDINGS, INC.



Principal Place of Business
5087 AVENUE OF THE STARS
KISSIMMEE FL 34746

Mailing Address
P.O. BOX 470367
CELEBRATION FL 34747



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1100 N. Main Street

3. Mailing Address

Suite A

Suite (Apt. #, etc.)

Suite, Apt. #, etc.

City & State
Kissimmee Florida

City & State

4. FEI Number 69-0004560

Applied For
Not Applicable

Zip
34744

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

MEYERS, JARED M
5087 AVENUE OF THE STARS
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name Meyers, Jared M
Street Address (P.O. Box Numbers Not Applicable) 1100 North Main Street Suite A
City Kissimmee FL 34744

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 *Jared Meyers*

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/2003

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 PS
NAME MEYERS, JARED M
STREET ADDRESS 5087 AVENUE OF THE STARS
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 1100 North Main St Suite A
STREET ADDRESS Kissimmee FL 34744
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME MEYERS, NEIL S
STREET ADDRESS 5087 AVENUE OF THE STARS
CITY-ST-ZIP KISSIMMEE FL 34746 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 1100 North Main St Suite A
STREET ADDRESS Kissimmee FL 34744
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003

Date

Daytime Phone #

CR2E034 (10/02)