

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90099 031 ***150.00

DOCUMENT # P01000115085

1. Entity Name
M & M SELF-STORAGE, INC.



Principal Place of Business
**2735 SW GLENMOOR WAY
PALM CITY FL 34990**

Mailing Address
**2735 SW GLENMOOR WAY
PALM CITY FL 34990**



2. Principal Place of Business

3. Mailing Address

4129 HWY 441 SOUTH

P.O. Box 2289

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

City & State

OKEECHOBEE

Zip

34974

Country

USA

Zip

34973-8888

Country

USA

4. FEI Number

01-0621065

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACINTOSH, DONALD
2735 SW GLENMOOR WAY
PALM CITY FL 34990**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **MITCHELL, PAUL R**
STREET ADDRESS **2735 SW GLENMOOR WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MITCHELL, DEANNA M**
STREET ADDRESS **2735 SW GLENMOOR WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MACINTOSH, DONALD**
STREET ADDRESS **2929 4-102 SE OCEAN**
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

1-7-02 772-283-5095

CR2E034 (10/02)