

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90079 019 \*\*\*150.00

**DOCUMENT # P01000118801**



1. Entity Name  
**MMI AFFILIATES CORPORATION**

Principal Place of Business  
**200 TIMBER LANE  
PANAMA CITY FL 32405**

Mailing Address  
**PO BOX 1742  
PANAMA CITY FL 32402**



2. Principal Place of Business  
**653 W 23RD ST  
Suite, Apt. #, etc.  
STE 291**

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

☒ CHECK HERE IF MAKING CHANGES

City & State  
**PANAMA CITY FL**  
Zip  
**32405** Country  
**USA**

City & State

4. FEI Number  
**59-3760995**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HARDING, MICHAEL T  
200 TIMBER LANE  
PANAMA CITY FL 32405**

**7. Name and Address of New Registered Agent**

Name **MICHAEL T. HARDING**  
Street Address (P.O. Box Number is Not Acceptable) **653 W 23RD ST STE 291**  
City **PANAMA CITY** FL Zip Code **32405**

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]** **MICHAEL T. HARDING, PRESIDENT** **2/1/03**  
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	PT	<input type="checkbox"/> Delete
NAME	HARDING, MICHAEL T	
STREET ADDRESS	200 TIMBER LANE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HARDING, MARY E	
STREET ADDRESS	200 TIMBER LANE	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]** **RECEIVED MICHAEL T. HARDING, PRES. 2/1/03 (850) 784-7828**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)