

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90067 012 ***158.75

DOCUMENT # P02000011612

1. Entity Name
M & D ENTERPRISES OF TALLAHASSEE INC.



Principal Place of Business
P.O. BOX 3542
TALLAHASSEE FL 32315-3542

Mailing Address
P.O. BOX 3542
TALLAHASSEE FL 32315-3542

2. Principal Place of Business

2415 N Monroe St
Suite, Apt. #, etc.
#545

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State

Zip
32303

Country
USA

Zip

Country

4. FEI Number
02-0548751

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, MATTHEW L
2466-A TALCO HILLS DR
TALLAHASSEE FL 32303

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ **Delete**
NAME **CARTER, MATTHEW L**
STREET ADDRESS **2466-A TALCO HILLS DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **C** ☐ **Delete**
NAME **GERMAIN, DAPHNEY**
STREET ADDRESS **2466-A TALCO HILLS DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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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: *Daphney Germain* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/29/03 **(950) 294-0236**
Date **Daytime Phone #**

CR2E034 (10/02)