

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90385 030 \*\*\*150.00

DOCUMENT # P02000035014

1. Entity Name  
2M HOLDINGS INC



Principal Place of Business  
3788 VICTORIA DRIVE  
WEST PALM BEACH FL 33406

Mailing Address  
3788 VICTORIA DRIVE  
WEST PALM BEACH FL 33406



2. Principal Place of Business  
4631 GUN CLUB RD.  
Suite, Apt. #, etc.

3. Mailing Address  
4631 GUN CLUB RD.  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
WPB, FL  
Zip  
33415  
Country  
US.

City & State  
WPB, FL  
Zip  
33415  
Country  
US.

4. FEI Number  
82-0538317  
Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

FOLEY, MICHAEL C  
3788 VICTORIA DRIVE  
WEST PALM BEACH FL 33406

## 7. Name and Address of New Registered Agent

Name  
MICHAEL C. FOLEY  
Street Address (P.O. Box Number is Not Acceptable)  
4631 GUN CLUB ROAD  
City  
WPB FL Zip Code  
33415

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: Michael C. Foley  
Signature, typed or printed name of registered agent and title if applicable.

MICHAEL C. FOLEY

(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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
FOLEY, MICHAEL C  
3788 VICTORIA DRIVE  
WEST PALM BEACH FL 33406 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
ESPOSITO, MARC A  
100 NE 28TH AVE #102  
POMPANO BEACH FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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

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:

MICHAEL C. FOLEY REQUIRED MICHAEL C. FOLEY 1-15-03 561-471-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)