

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90119 010 ***150.00

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DOCUMENT # P02000105255

1. Entity Name

MMB, INC.



Principal Place of Business

5935 BRANDON LANE
PORT ORANGE FL 32127

Mailing Address

5935 BRANDON LANE
PORT ORANGE FL 32127

2. Principal Place of Business

262 Jean ST

3. Mailing Address

262 Jean ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

33-1027985

Applied For

Not Applicable

Zip

34683

Country

Pinellas

Zip

34683

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERIDETH, IRENE
5935 BRANDON LANE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

Peter W. Mueller

Street Address (P.O. Box Number is Not Acceptable)

262 Jean ST

City

Palm Harbor

FL

Zip Code

34683

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

4/6/03

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 PD
NAME MUELLER, PETER
STREET ADDRESS 262 JEAN STREET
CITY-ST-ZIP PALM HARBOR FL 34683

☐ Delete

TITLE TD
NAME MERIDETH, IRENE
STREET ADDRESS 5935 BRANDON LANE
CITY-ST-ZIP PORT ORANGE FL 32127

☐ Delete

TITLE SD
NAME BOND, EVA
STREET ADDRESS 1006 TOMPKINS DRIVE
CITY-ST-ZIP PORT ORANGE FL 32119

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/03

Date

727-787-6085

Daytime Phone #

CR2E034 (10/02)