

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

DOCUMENT # P9300000/834

**FILED**

1. Entity Name

M.B.M. ENTERPRISES, INC.

02 AUG 22 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

100007378401--8

-08/28/02--01007--006

\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business

2360 Stonebridge Dr.

3. Mailing Address

2360 Stonebridge Dr.

Suite, Apt., #, etc.

NA

Suite, Apt., #, etc.

NA

DO NOT WRITE IN THIS SPACE

08/29

City & State

Rockledge, FL

City & State

Rockledge, FL

4. FEI Number

59-3157522

Applied For

Not Applicable

Zip

32955

Country

U.S.A

Zip

32955

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BARBARA MATHERNE, PRES.

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

2360 Stonebridge Dr.

City

Rockledge

FL

Zip Code

32955

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Barbara Matherne, Pres

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

(NOTE: Registered Agent signature required when reinstating)

8-15-2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ID  
NAME BARBARA MATHERNE  
STREET ADDRESS 2360 STONEBRIDGE DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BARBARA SEC SECRETARY ID  
NAME BARBARA MATHERNE  
STREET ADDRESS 2360 STONEBRIDGE DR.  
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

Barbara Matherne, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-2002 321-639-6039

Date

Daytime Phone #

CR2E034B (12/01)