

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90088 013 \*\*\*150.00

**DOCUMENT # P95000047451**

1. Entity Name

**M & M DRIVE SERVICE INC.**

Principal Place of Business

Mailing Address

364 E. LANDSTREET RD  
 ORLANDO FL 32859  
 US

P.O. BOX 590414  
 ORLANDO FL 32872  
 US

2. Principal Place of Business

3. Mailing Address

6839 Narcoossee Road

P.O. Box 720609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 45

City & State

Orlando, Florida

Orlando Florida

Zip

Country

Zip

Country

32829

USA

32872

USA

6. Name and Address of Current Registered Agent

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

7. Name and Address of New Registered Agent

Name

Mann, Gary

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

8281 Lake Underhill Rd

City

FL

Zip Code

32825

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

*[Signature]* President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-01

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, GARY	
STREET ADDRESS	8281 LAKE LINDERHILL RD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mann, Gary	
STREET ADDRESS	8281 Lake Underhill Rd	
CITY-ST-ZIP	Orlando FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* GARY MANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-01 407-382-8400

CR2E034 (10/00)