2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90028 023 ***150.00

DOCUMENT # P96000012311

1. Entity Name
M & M OFFICE SERVICES, INC.

Principal Place of Business	Mailing Address
6509 CENTRAL AVE ST PETERSBURG FL 33710 US	6509 CENTRAL AVE ST PETERSBURG FL 33710 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1135 Pasadena Ave. So.		1135 Pasadena Ave. So.	
Suite, Apt. #, etc.: Suite 304		Suite, Apt. #, etc.: Suite 304	
City & State: St. Petersburg Fl.		City & State: St. Petersburg Fl.	
Zip: 33707	Country: 33707	Zip:	Country:

4. FEI Number 59-3362995 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEWS, CARLA M 6509 CENTRAL AVE ST PETERSBURG FL 33710	Name: Matthews, Carla M. Street Address (P.O. Box Number is Not Acceptable): 1135 Pasadena Ave. So, Ste. 304 City: St. Petersburg FL Zip Code: 33707

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 Carla M. Matthews Carla M. Matthews 4/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MATTHEWS, CARLA M 6509 CENTRAL AVE ST PETERSBURG FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.D. Carla M. Matthews 1135- Pasadena Ave. So, #304 St. Petersburg Fl. 33707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Carla M. Matthews Carla M. Matthews 4/16/02 727-341-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #