

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058883

1. Entity Name

M & M SAMPSON, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90082 018 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 741
FT. MCCOY FL 32134

P. O. BOX 741
FT. MCCOY FL 32134-0741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3394367

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

SAMPSON, MARK
23055 N.E. 112 COURT ROAD
ORANGE SPRINGS FL 32182

Name

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

City

FL

Zip Code

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 Mark Sampson

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, 2000 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 PD
NAME SAMPSON, MARK
STREET ADDRESS 528 N E. 40TH TERRACE
CITY-ST-ZIP Ocala FL 34470-1446 ☐ Delete

TITLE
NAME Mark Sampson ☒ Change ☐ Addition
STREET ADDRESS P. O. Box 741
CITY-ST-ZIP Ft. McCoy, Fla. 32134

TITLE VSTD
NAME SAMPSON, MARSHA ☒ Delete
STREET ADDRESS 528 N E. 40TH TERRACE
CITY-ST-ZIP Ocala FL 34470-1446

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Mark Sampson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 3525462344

CR2E034 (9/99)