

# 2001 UNIFORM BUSINESS REPORT (UBR)

0086040 AV

**DOCUMENT # P96000061914**

**1. Entity Name**  
**MTM ENTERPRISES, INC.**

**Principal Place of Business**

**3018 HORATIO STREET  
TAMPA FL 33609  
US**

**Mailing Address**

**3018 HORATIO STREET  
TAMPA FL 33609  
US**

**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**

**59-3393497**

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**

**MARSHALL, BRIAN  
3018 HORATIO STREET  
TAMPA FL 33629**

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**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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** ☐ Delete  
**NAME** **DP**  
**STREET ADDRESS** **MARSHALL, BRIAN**  
**CITY-ST-ZIP** **3018 HORATIO ST**  
**TAMPA FL 33609**

☐ Change ☐ Addition  
**300004625723-1**  
**-10/08/01--01009--013**  
**\*\*\*\*550.00 \*\*\*\*550.00**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

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**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/01**

Date

Daytime Phone #

CR2E034 (5/01)

APPROVED  
AND  
FILED

01 SEP 27 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE