

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90221 009 \*\*\*150.00

**DOCUMENT # P96000064366**

1. Entity Name  
**M&M CONSTRUCTION, INC.**



Principal Place of Business  
**7594 BERWICK ST  
NORTH PORT FL 34287**

Mailing Address  
**P O BOX 7622  
NORTH PORT FL 34287**



2. Principal Place of Business

3. Mailing Address

**2506 Vestridge St**

Suite, Apt. #, etc.

City & State

**North Port**

City & State

4. FEI Number **65-0685137**

Applied For  
Not Applicable

Zip

**34287**

Country

**Sarasota**

Zip

Country

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

**MELVIN, BYRON D SR  
7594 BERWICK ST  
NORTH PORT FL 34287**

Name

**Byron melvin**

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

**2506 Vestridge St**

**North Port**

City

**FL**

Zip Code

**34287**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Byron melvin**

**V**

**2/11/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MYRIE, ROY**  
STREET ADDRESS **4211 MARIAN ST.**  
CITY-ST-ZIP **ONA FL 33865**

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

TITLE **V** ☐ Delete  
NAME **MELVIN, BYRON D SR**  
STREET ADDRESS **7594 BERWICK ST**  
CITY-ST-ZIP **N PORT FL 34287**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2506 Vestridge st**  
CITY-ST-ZIP **North Port, FL 34287**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Byron melvin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/03**

Date

**941 6269569**

Daytime Phone #

CR2FER34 (10/02)