

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069544

1. Entity Name

M.C.M. CONCEPTS, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90051 038 \*\*\*150.00

Principal Place of Business 200 TOWNE CENTER CIR SEMINOLE TOWNE CENTER SANFORD FL 32771 US	Mailing Address 952 BIG TREE RD BUILDING A S DAYTONA FL 32119-1729 US
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2. Principal Place of Business	3. Mailing Address 1631 S. NOVA RD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State SOUTH DAYTONA, FL
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Zip	Country	Zip	Country
32119	USA	32119	USA

4. FEI Number 59-3409120	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNETT, RANDOM R  
501 NORTH GRANDVIEW AVENUE  
DAYTONA BEACH FL 32118

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 \$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	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, JASON R	NAME	MERCER, JASON R.
STREET ADDRESS	4016-A NOVA ROAD	STREET ADDRESS	4904 S. CLYDE MORRIS BLVD #C
CITY-ST-ZIP	PORT ORANGE FL 32127	CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPER, WILLIAM C	NAME	
STREET ADDRESS	1509 HOLLY CT	STREET ADDRESS	
CITY-ST-ZIP	LENOIR NC 28645	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARK J	NAME	MILLER, MARK J
STREET ADDRESS	952 S BIG TREE RD, BLDG A	STREET ADDRESS	1631 S. NOVA RD
CITY-ST-ZIP	S DAYTONA FL	CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 information.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

904-756-0500

Date

Daytime Phone #

CR2E034 (9/99)