## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000085396

1. Entity Name

M & D MOTORS, INC.



## **FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90030 012 \*\*\*150.00

Suite. Apr. #, etc.  Suite. Apr. #, etc.  Suite. Apr. #, etc.  City & State  City & St	Principal Place 14050 68TH ST LARGO FL 337	REET NORTH	Mailing Address 14050 68TH STREET NORTH LARGO FL 33771				· _			
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City & State	2. Principal P	lace of Business	3. Mailing Address				I (D\$11801 110 18119 GILLI OBEH ABEH BOLIS ISID	1 <b>1</b> 111 <b>0 1</b> 1111	(BIH BIH) (B&i	
Zip   Country   Zip   Country   S. Certificate of Istatus Desired   Sa. 75. Additional Foc Bioquilors   Sa. 85. Additional Foc Bioquilors   Sa. 75. Additional Foc Bioquilor	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  For Required  Name  For Required  For	City & State	9	City & State			<b>4.</b> F	FEI Number <b>59-3403094</b>	-		
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip Coun			try					
STREET NOTES   1.00   1	6. Name and Address of Current Registered Agent					7. N	Name and Address of New Registered Ag	ent		
14050 88TH STREET N   14050	The same and the s				Name					
EARGO FL 33771  8. The above named entity submits this statement for the purpose of changing list registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered with a state of Florida. I am familiar with, and accept the obligations of registered with a state of Florida. I am familiar with, and accept the obligations of registered with a state of Florida. I am familiar with, and accept the obligations of registered with a state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the second of the obligations of registered agent, or registered opent or restations.   Silect Adors of The State of The State of Florida Department of Registered of Florida Paper state of Registered of Florida Paper state of Registered o	-			· Street Addres		s (P.O. Box Number is Not Acceptable)				
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   Symbol or preter name of registered agent and site if explicable   (NOTE: Replieted Agent signature required where interesting)   DATE	14050 68T	h street n								
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE    Syndura. Spead or present rance of registered agent and lite it spotcable.   (NOTE: Replaced Agent agradue required effect registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.   (NOTE: Replaced Agent agradue required effect registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.   (NOTE: Replaced Agent agradue required effect registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent.   (NOTE: Replaced Agent agradue)   (NOTE: Agent agent agradue)	LARGO FL	33771								
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FILE NOW!! FEE IS \$150.00 Alter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE STREET ADDRESS CITY-ST-										
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		ertify that the information supplied with	n this filing does not qualify fo			Section	119.07(3)(i), Florida Statutes, I further certif	v 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. 727

**SIGNATURE:**