

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90161 013 ***150.00

DOCUMENT # P96000098071

1. Entity Name

2M, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6547 Highway 231

Suite, Apt. #, etc.

3. Mailing Address

6547 Highway 231

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City, FL

City & State

Panama City, FL

4. FEI Number

59-3432108

Applied For

Not Applicable

Zip

32404

Country

FL

Zip

32404

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Max A. Bowden

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

125 Harrison Place

City

Panama City

FL

Zip Code
32405

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
President
NAME
Max A. Bowden
STREET ADDRESS
125 Harrison Place
CITY- ST- ZIP
Panama City, FL. 32405

TITLE
Vice President
NAME
Mark A. Swearington
STREET ADDRESS
2101 W. Highway 390 #625
CITY- ST- ZIP
Lynn Haven, FL. 32444

TITLE
NAME
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CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)