

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P97000005971

1. Entity Name

M & M FINISHING TOUCHES COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

04-17-2000 90096 046 ***150.00

Principal Place of Business
1551 FERGASON AVE.
DELTONA FL 32725

Mailing Address
1551 FERGASON AVE.
DELTONA FL 32725-5952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3426530**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREDA, MICHELE
1551 FERGASON AVE.
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name Mark Fredg
Street Address (P.O. Box Number is Not Acceptable)
1551 FERGASON AVE
Deltona
City FL Zip Code 32725

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 Michele Freda DATE 4-6-00
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FREDA, MARK A	
STREET ADDRESS	1551 FERGASON AVE.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDA, MICHELE	
STREET ADDRESS	1551 FERGASON AVE.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: Michele Freda DATE 2-28-2000 DAYTIME PHONE # 407-402-0327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)