FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: P97000056233

M20 CORPORATION

FILED

03 JAN 30 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.: ~~12340 AVIATION BLVD~~ #2	Suite, Apt. #, etc.: ~~1114 53RD CT SOUTH~~	
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL	4. FEI Number: 65-0764528 ☐ Applied For ☐ Not Applicable
Zip: 33412 Country: USA	Zip: 33407 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PAUL D HENSEL

Street Address (P.O. Box Number is Not Acceptable): 1114 53RD CT SOUTH

City: WEST PALM BEACH, FL FL Zip Code: 33407

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: Paul D Hensel Pres Paul D Hensel Pres 1-2-03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when changing.) 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	P
NAME	PAUL D HENSEL
STREET ADDRESS	15174 80TH DRIVE N
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S/T
NAME	ROBERT J HENSEL
STREET ADDRESS	15304 53RD WAY N
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Paul D Hensel Pres. 1-2-03 561-848-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #