

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91559 005 ***158.75

DOCUMENT # P970Q0066520

1. Entity Name

M.M. Enterprises of the Treasure Coast
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1699 N.W. Britt Rd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 545
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0780378

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Mark E. Schumann

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

1699 N.W. Britt Rd.

City: Stuart, FL

FL

Zip Code

34994-9214

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: Mark E. Schumann

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-17-02

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 - T.
NAME	Mark E. Schumann
STREET ADDRESS	1699 NW Britt Rd
CITY - ST - ZIP	Stuart, FL 34994-9214
TITLE	Vice President - S.
NAME	Denise M. Schumann
STREET ADDRESS	1699 N.W. Britt Rd.
CITY - ST - ZIP	Stuart, FL 34994-9214
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

772-285-0334

Daytime Phone #

CR2034B (12/01)