


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91869 005 ***158.75

DOCUMENT # P97000066520	
1. Entity Name M&M Enterprises of the Treasure Coast, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1699 NW Britt Rd.		3. Mailing Address P.O. Box 545	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, FL		City & State Stuart FL.	
Zip 34994	Country USA	Zip 34995	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0780378		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required.	

DO NOT WRITE IN THIS SPACE	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	Zip Code 34994

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark E. Schumann 1699 N.W. Britt Rd. Stuart, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Denise Schumann 1699 N.W. Britt Rd. Stuart, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark E. Schumann **Mark E. Schumann** **4-29-03 772-215-0351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)