**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 26, 2002 8:00 am **DOCUMENT #** P97000078368 **Secretary of State** 1. Entity Name 02-26-2002 90133 020 \*\*\*150.00 M & R, INC. Mailing Address Principal Place of Business 1850 SHADOW OAKS ROAD P O BOX 452626 KISSIMMEE FL 34744 KISSIMMEE FL 34745-626 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3471209 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COWART, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1850 SHADOW OAKS ROAD KISSIMMEE FL 34744 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition ☐ Delete TITI F NAME COWART, JAMES M NAME STREET ADDRESS 1850 SHADOW OAKS ROAD STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP Change VSD ☐ Addition TITLE ☐ Delete TITLE HENDREN, ROGER NAME NAME STREET ADDRESS STREET ADDRESS 169 CLUB VILLAS LANE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 one 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.