## 32E034 (10/00)

**2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **P97000093349** 1. Entity Name M & M PRINT AND COPY CENTER, INC. OI APR 27 PM 12: 51 Principal Place of Business Mailing Address SECRETARY OF STATE 3545 LEWIS SPEEDWAY P.O. BOX 3767 TALLAHASSEE, FLORIDA ST. AUGUSTINE FL 32095 ST. AUGUSTINE FL 32085-3767 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 59-3480349 Not Applicable Zip Country 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 SMITH HULSEY & BUSEY BRILEY, RANDALL Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET, SUITE 1800 599 ATLANTIC BLVD. STE. 4 ATLANTIC BEACH FL 32233 City JACKSONVILLE, Zip Code 32202 8. The above named entity submit of the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SMITH ANDLEY & BUSEY M. RICHARD LEWIS, JR., VICE-PRESIDENT SIGNATURE BY nd 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE ☐ Change MILLS, DIANE NAME NAME 000004085300-STREET ADDRESS 3545 LEWIS SPEEDWAY STREET ADDRESS -04/27/01--01060--003 CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 TITLE ☐ Delete TITLE NAME MILLS, G. GREGORY NAME STREET ADDRESS 3545 LEWIS SPEEDWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR