

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90400 039 ***158.75

DOCUMENT # P97000093349

1. Entity Name

M & M PRINT AND COPY CENTER, INC.

DO NOT WRITE IN THIS SPACE

B0125107

2. Principal Place of Business

3545 LEWIS SPEEDWAY

Suite, Apt. #, etc.

3. Mailing Address

P. O. BOX 3767

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-3480349

Applied For

Not Applicable

Zip

32095

Country

USA

Zip

32085-3767

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

SMITH, HULSEY AND BUSEY

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

225 WATER STREET

SUITE 1800

City

JACKSONVILLE,

FL

Zip Code

32202

**DO NOT WRITE
IN THIS SPACE**

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.

N/A

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P/ S/ T/D DIANE MILLS 3545 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32095	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ D G. GREGORY MILLS 3545 LEWIS SPEEDWAY ST. AUGUSTINE, FL 32095	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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: **G. Gregory Mills** (**G. GREGORY MILLS**)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2002 (904) 829-3400
JUNE 07, 2002 Daytime Phone #