## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P98000025369 1. Entity Name

M & M SURVEY OF ATLANTIC BEACH, INC.



**FILED** Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90285 010 \*\*\*150.00

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Principal Place of Business 265 MAGNOLIA ST ATLANTIC BEACH FL 32233		Mailing Address 265 MAGNOLIA ST ATLANTIC BEACH FL 32233		( ) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	OKR NORI RHAA KHA AKRA IRRI KRI KAR
2. Principal	Place of Business 3.	. Mailing Address		[184] [184] [184] [184] [184] [184] [184] [184] [184] [184]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3241574	Applied For
Zíp	Country	Zip	Country	5: Certificate of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Current Regi	stered Agent		7. Name and Address of New Registers	Fee Required
	MICHAEL T GNOLIA ST		Name - Street Addre	ess (P.O. Box Number is Not Acceptable)	
	C BEACH FL 32233			· · · · · · · · · · · · · · · · · · ·	
8. The above	named entity submits this statement for the	Ourpose of changing its	City	stered agent, or both, in the State of Florida. I a	. Zip Code
SIGNATURE F	Signature, typed or printed name of registered agent and title ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	if applicable. (NOTE	E: Registered Agent signature requ		
Make Check 10.	r Payable to Florida Department of Stat OFFICERS AND DIREC	1		Trust Fund Contribution.	☐ Added to Fees
TITLE NAME STREET ADDRESS	PD SMITH, MICHAEL T 265 MAGNOLIA STREET ATLANTIC BEACH FL 32233	Delete	11. TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE BENOTIFE GEESS	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
ITLE NAME STREET ADDRESS SITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	☐ Delete	TITLENAME STREET ADDRESS CITY-ST-ZIP	- Department of the second of	Change Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TLE  AME  TREET ADDRESS  ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change ☐ Addition

2. 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 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 Block 11 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WiEhaclt SMITH

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