

ANNUAL BUSINESS REPORT (UBR)

DOCUMENT # P98000028228

1. Entity Name

M & M FLOORS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90086 023 ***150.00

925028



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
406 SHORT DRIVE KISSIMMEE FL 34759		406 SHORT DRIVE KISSIMMEE FL 34759-4024	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3501220	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAHALERIS, MICHAEL J 406 SHORT DRIVE KISSIMMEE FL 34759		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	

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)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
0	MAHALERIS, MICHAEL J 406 SHORT DRIVE KISSIMMEE FL 34759	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 stated 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2000

407-873-7344