

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030326

1. Entity Name

MTM NATIONAL, INCORPORATED

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90043 027 \*\*\*150.00

Principal Place of Business

5601 CORPORATE WAY  
SUITE 119  
WEST PALM BEACH FL 33407

Mailing Address

5601 CORPORATE WAY  
SUITE 119  
WEST PALM BEACH FL 33407

2. Principal Place of Business

4152 W BLUE HERON BLVD  
SUITE 105  
RIVIERA BEACH, FLORIDA  
33404 PBC County

3. Mailing Address

4152 W BLUE HERON BLVD  
SUITE 105  
RIVIERA BEACH, FLORIDA  
33404 PBC County



DO NOT WRITE IN THIS SPACE

City & State

RIVIERA BEACH, FLORIDA  
33404 PBC County

City & State

RIVIERA BEACH, FLORIDA  
33404 PBC County

4. FEI Number

65-0825766

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, THOMAS C  
3113 CONTEGO LANE  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name: SCOTT BLAKE  
Street Address (P.O. Box Number is Not Acceptable): 4152 WEST BLUE HERON # 105  
City: RIVIERA BEACH FL Zip Code: 33404

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)

DATE

4-13-01

9. 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, 2001 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

11. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	STRICKLAND, MICHELLE L	
STREET ADDRESS	3113 CONTEGO LN.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER / PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARA LABS	
STREET ADDRESS	4152 WEST BLUE HERON #105	
CITY-ST-ZIP	RIVIERA BEACH, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

Daytime Phone #

4-13-01 561-758-2957

CR2E034 (10/00)