

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90050 007 ***150.00

DOCUMENT # **P98000054136**
1. Entity Name **M&M AUTO DISTRIBUTORS INC.** ✓

Principal Place of Business **12087 SUGAR PINE TRAIL**
WELLINGTON, FL 33410
Mailing Address **P.O. Box 210065**
WELLINGTON, FL 33421-0065

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

A0035494

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
McDANIEL SEAN
12087 SUGAR PINE TRAIL
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 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**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRESIDENT	McDANIEL, SEAN	12087 SUGAR PINE TRAIL	WELLINGTON FL 33414	<input type="checkbox"/>
VICE PRESIDENT	McDANIEL, LOU ANN	12087 SUGAR PINE TRAIL	WELLINGTON FL 33414	<input type="checkbox"/>
TREASURER	McDANIEL, LOU ANN	12087 SUGAR PINE TRAIL	WELLINGTON FL 33414	<input type="checkbox"/>
SECRETARY	McDANIEL, LOU ANN	12087 SUGAR PINE TRAIL	WELLINGTON, FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Sean M. Daniel** **SEAN McDANIEL** **3/29/00** **561795-2727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)