

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90538 028 ***150.00

DOCUMENT # **P98000054136**
 1. Entity Name
M+M AUTO DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
5130 NW 15TH STREET P.O. Box 210065
Bay H WASHINGTON FL
MARGATE FLORIDA 33063 33421-0065

C0049723

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 **65-0887817**
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MC DANIEL, 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 **Sean McDaniel** DATE **3/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, SEAN | |
| STREET ADDRESS | 12087 SUGAR PINE TRAIL | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, LOU ANN | |
| STREET ADDRESS | 12087 SUGAR PINE TRAIL | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | TREASURER | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, LOU ANN | |
| STREET ADDRESS | 12087 SUGAR PINE TRAIL | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | SECRETARY | <input type="checkbox"/> Delete |
| NAME | MCDANIEL, LOU ANN | |
| STREET ADDRESS | 12087 SUGAR PINE TRAIL | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| 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 | | <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 | | |
| 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: **Sean McDaniel** **3/26/01 9548759480**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)