

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90127 010 ***150.00

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1. Entity Name
M&M CONCEPTS OF FORT MYERS, INC.



Principal Place of Business
**5336 AGUALINDA BOULEVARD
CAPE CORAL FL 33914
US**

Mailing Address
**C/O DONALD R RHODES, CPA
1402 SE 46TH LANE
CAPE CORAL FL 33904
US**

2. Principal Place of Business
**2390 Tamiami Trail
Suite, Apt. #, etc.**

3. Mailing Address
**P. O. Box 496089
Suite, Apt. #, etc.**

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number **65-0863281**

Applied For
☐ Not Applicable

Zip Country
33952 USA

Zip Country
33949-6089

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

6. Name and Address of Current Registered Agent

**RHODES, DONALD R CPA
1402 SE 46TH LANE
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

Name
Michael Maresca
Street Address (P.O. Box Number is Not Acceptable)
2390 Tamiami Trail
City
Port Charlotte FL Zip Code
33952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Maresca - president Michael MARESCA DATE 1-24-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MARESCA, MICHAEL**
STREET ADDRESS **5336 AQUALINDA BLVD**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P. O. Box 496089**
CITY-ST-ZIP **Port Charlotte, FL 33949-6089**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Maresca - president Michael MARESCA DATE 1/24/03 (941) 629-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)