

2001 UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # P98000094722

1. Entity Name
M & M SALES & SERVICES, INC.

FILED
01 AUG 28 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 10175 E. DEEP CREEK BLVD. HASTING FL 33214
Mailing Address: 10175 E. DEEP CREEK BLVD. HASTING FL 33214

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]
City & State: [Blank]

6. Name and Address of Current Registered Agent
OSBURN, WILLIAM M
10175 E. DEEP CREEK BLVD.
HASTING FL 33214

4. FEI Number: **59-3577668**
Applied For: Not Applicable

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): **700004589377-6**
City: **FL**

DO NOT WRITE IN THIS SPACE



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]* DATE: [Blank]

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: OSBURN, WILLIAM M STREET ADDRESS: 10175 E. DEEP CREEK BLVD. CITY-ST-ZIP: HASTING FL 33214	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: MOORE, STEVEN L STREET ADDRESS: 10175 E. DEEP CREEK BLVD. CITY-ST-ZIP: HASTING FL 33214	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: [Blank] Daytime Phone #: [Blank]

CR2E034 (10/00)

202

GOSPODARSKI & COMPANY, INC.

2600 U.S. # 1 South, Ste. # 3

St. Augustine, FL 32086

(904) 794-0327

Fax: (904) 826-0434

BOOKKEEPING

TAX PREPARATION

NOTARY

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: M & M SALES & SERVICES, INC. FEI 59-3577668 DOC # P98000094722

TO WHOM IT MAY CONCERN,

MY OFFICE WAS CLOSED BECAUSE OF A GRAVE ILLNESS (STROKE) AND MY CLIENT WAS UNABLE TO PICK UP THE 2001 UNIFORM BUSINESS REPORT (UBR) THAT I HAD THERE. PLEASE ALLOW HIM TO PAY THE ORIGINAL FEE OF \$150.00. ENCLOSED IS HIS CHECK AND THE SIGNED REPORT.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,



Handwritten signature of Carol Gospodarski in cursive script.

CAROL GOSPODARSKI (OWNER)