

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90062 038 \*\*\*150.00

012188 AT

**DOCUMENT # P98000094722**

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



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3577668**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSBURN, WILLIAM M  
10175 E. DEEP CREEK BLVD.  
HASTING FL 33214**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
OSBURN, WILLIAM M  
10175 E. DEEP CREEK BLVD.  
HASTING FL 33214** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MOORE, STEVEN L  
10175 E. DEEP CREEK BLVD.  
HASTING FL 33214** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-27-03 904-540-4030**

Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*

80135405  
# 898000094722

*Gospodarski & Company, Inc.*

*P.O. BOX 4022*

*St. Augustine, Fl. 32085-4022*

*Bookkeeping-Tax Preparation*

*(904)794-0327*

*Florida Dept of State  
Division of Corporations  
Tallahassee, FL 32302*

*RE: William Osburn, D/B/A M & M Sales & Services Inc*

*To Whom It May Concern,*

*Due to extended illness and hospitalization of my above client, he did not receive the first uniform business report for 2003. He recently received the 2nd notice including the penalty.*

*Enclosed is a check for One Hundred And Fifty Dollars. Please eliminate the penalty amount.*

*Thank you for your cooperation in this matter.*

*Sincerely,*

*Carol J. Gospodarski*

*Carol J. Gospodarski*

*President*