

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90021-015-\$550.00-\$550.00

DOCUMENT # P98000107503

1. Entity Name  
MARC MUMMA ENTERPRISES INC.

APPROVED  
AND  
FILED

00 OCT 16 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
103 HERON PARKWAY  
ROYAL PALM BEACH FL 33411

Mailing Address  
103 HERON PARKWAY  
ROYAL PALM BEACH FL 33411

2. Principal Place of Business  
103 HERON PARKWAY  
Suite, Apt. #, etc.

3. Mailing Address  
103 HERON PARKWAY  
Suite, Apt. #, etc.

City & State  
ROYAL PALM Bch FL.

City & State  
ROYAL PALM Bch. FL.

4. FEI Number  
650884162

Applied For  
Not Applicable

Zip  
33411

Country  
USA

Zip  
33411

Country  
USA

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

MUMMA, MARC  
103 HERON PARKWAY  
ROYAL PALM BEACH FL 33411

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]* N/A  
Signature, typed or printed name of registered agent and address if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARC MUMMA 103 HERON PARKWAY ROYAL PALM BEACH 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00  
Date

561-7143205  
Daytime Phone #

CR2034 (5/00)