

# 201 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000204

1. Entity Name  
**M & D INDUSTRIES, INC.**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90087 050 \*\*\*150.00

Principal Place of Business

**3001 S.W. VITTORIO STREET  
PORT ST. LUCIE FL 34953**

Mailing Address

**3001 S.W. VITTORIO STREET  
PORT ST. LUCIE FL 34953**

2. Principal Place of Business

**3001 SW Vittorio St.**  
Suite, Apt. #, etc.

3. Mailing Address

**3001 SW Vittorio St.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Port St. Lucie, FL**  
Zip Country

**34953**

City & State

**Port St. Lucie, FL**  
Zip Country

**34953**

**St. Lucie**

4. FEI Number **65-0887146**

Applied For  
Not Applicable

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

**FITZPATRICK, DEBBIE  
3001 S.W. VITTORIO STREET  
PORT ST. LUCIE FL 34953**

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

Signature, typed or printed name of registered agent and title 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 \$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

TITLE **P** ☐ Delete  
NAME **FITZPATRICK, MICHAEL**  
STREET ADDRESS **3001 SW VITTORIO ST.**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **VPS** ☐ Delete  
NAME **FITZPATRICK, DEBRA**  
STREET ADDRESS **3001 SW VITTORIO ST.**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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:

**Debbie Fitzpatrick VPres/Sec**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/01 561-871-2436**  
Date Daytime Phone #

CR2E034 (10/00)