

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90094 010 ***150.00

DOCUMENT # P99000000204

1. Entity Name
M & D INDUSTRIES, INC.

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

1340 S.W. Biltmore St.

Suite, Apt. #, etc.

3. Mailing Address

3001 SW Vittorio St.

Suite, Apt. #, etc.

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

4. FEI Number

65-0887146

Applied For

Not Applicable

Zip

Country

34983

St. Lucie

Zip

Country

34953

St. Lucie

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, DEBBIE

3001 S.W. VITTORIO STREET

PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

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 *Debbie Fitzpatrick* V. Pres/Sec *Debbie Fitzpatrick*

4/30/02
 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, 2002 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

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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

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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: *Debra Fitzpatrick* V. Pres **4/30/02** **772-871-2436**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)