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FILED
Jun 18, 2002 8:00 am
Secretary of State

05-17-2002 90039 023 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000000929**

1. Entity Name

M & M LAND PREP, INC. & PineStraw Inc.

NC/LW

Principal Place of Business

**114 NE FIRST STREET
P.O. BOX 30
TRENTON FL 32693**

Mailing Address

**114 NE FIRST STREET Rita S. Martin
P.O. BOX 145
TRENTON FL 32693 Bell, FL 32619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3553030

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURT, THEODORE M.
114 NE FIRST STREET
TRENTON FL 32693**

**Martin Rita S.
P.O. Box 145
Bell, FL 32619**

7. Name and Address of New Registered Agent

**Martin Rita S.
P.O. Box 145
Bell, FL 32619**

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.

FL

Zip Code

32619

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4820 SW 10th Street

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	D	<input type="checkbox"/> Delete
NAME	MARTIN, F. WALLACE	
STREET ADDRESS	3619 NE 46TH STREET	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JOSHUA D	
STREET ADDRESS	3869 NE 46 ST	
CITY-ST-ZIP	HIGH SPRINGS FL 32655	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Martin, Rita S.	
STREET ADDRESS	P.O. Box 145	
CITY-ST-ZIP	Bell, FL 32619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Handwritten Signature**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

Daytime Phone #

**352-463-2544
384-454-1176**