FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91908 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000929

1. Entity Name
M & M Pine Straw, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1620 N. Main St.
Suite, Apt. #, etc.
City & State: Bell FL
Zip: 32619 Country: US

3. Mailing Address: Post Office Box 6
Suite, Apt. #, etc.
City & State: Bell, FL
Zip: 32619 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3553030 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Joshua D. Moore
Street Address (P.O. Box Number is Not Acceptable): 5140 SW 7th Pl.
City: Bell FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-9-03
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Secretary / Treasurer	TITLE	
NAME	Rita Martin	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	Bell, FL 32619	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Joshua D. Moore	NAME	
STREET ADDRESS	5140 SW 7th Pl.	STREET ADDRESS	
CITY-ST-ZIP	Bell, FL 32619	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/9/03 (352)463-2314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #