

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90082 004 ***150.00

0011998 AV

DOCUMENT # P99000004023

1. Entity Name

M2 ENTERPRISES, INC.



Principal Place of Business

**1001 TEMPLE GROVE
WINTER PARK FL 32789**

Mailing Address

**1001 TEMPLE GROVE
WINTER PARK FL 32789**

2. Principal Place of Business

1065 W. MORSE BLVD

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

32789

Country

USA

Zip

Country

4. FEI Number

59-3551580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLER, THOMAS W III
1001 TEMPLE GROVE
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas W. Miller, III
Signature, typed or printed name of registered agent and title if applicable.

THOMAS W. MILLER, III

(NOTE: Registered Agent signature required when reinstating)

DATE

7-16-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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: **PD** ☐ Delete
NAME: **MILLER, THOMAS W III**
STREET ADDRESS: **1001 TEMPLE GROVE**
CITY-ST-ZIP: **WINTER PARK FL 32789**

TITLE: **VPD** ☐ Delete
NAME: **MILLER, THOMAS S**
STREET ADDRESS: **1030 WILKINSON STREET**
CITY-ST-ZIP: **ORLANDO FL 32803**

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:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **1205 EASTIN AVE**
CITY-ST-ZIP: **ORLANDO, FL 32804**

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas W. Miller, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-03

Date

Daytime Phone #

(407) 628-5775

CR2E034 (4/03)