

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013460

1. Entity Name

MTM & KIDS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90096 018 ***150.00

Principal Place of Business

2395 TAMiami TRAIL
SUITE 17
PORT CHARLOTTE FL 33952

Mailing Address

2395 TAMiami TRAIL
SUITE 17
PORT CHARLOTTE FL 33952-3943

2. Principal Place of Business

2881 CLARK Rd.
Suite, Apt. #, etc.
21

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

FLORIDA

4. FEI Number

650867818

Applied For

Not Applicable

Zip
34231

Country
USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGDON, ALLEN E
2141 S TAMiami TRAIL
VENICE FL 34293

7. Name and Address of New Registered Agent

Name
MICHAEL R. SEDITA
Street Address (P.O. Box Number is Not Acceptable)
2881 CLARK Rd #21
City
SARASOTA, FL Zip Code
34231

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 Allen E. Sedita U. Pres / Sec. Treas. DATE 2/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	D SEDTA, MICHAEL R 2395 TAMiami TRAIL STE 17 PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEDTA, ARLEEN V 2395 TAMiami TRAIL STE 17 PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES. SEDTA, MICHAEL R. 2881 CLARK Rd. #21 SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC./TREAS. SEDTA, ARLEEN V. 2881 CLARK Rd. #21 SARASOTA FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael R. Sedita DATE 2/21/00 DAYTIME PHONE # 941-927-2017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)