

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90058 043 \*\*\*150.00

0547141

**DOCUMENT # P99000042665**

1. Entity Name

**M & M REAL ESTATE HOLDING CORP.**

Principal Place of Business

1815 ROSE ST  
SARASOTA FL 34239

Mailing Address

PO BOX 5118  
SARASOTA FL 34239

2. Principal Place of Business

223 Golden Gate

3. Mailing Address

same

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

FL

Country

34236

Zip

Country

4. FEI Number

65-0930344

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DULL, MICHAEL A

1815 ROSE ST  
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

Michael Dull

Street Address (P.O. Box Number is Not Acceptable)

223 Golden Gate Pt APT A

City

Sarasota

FL

Zip Code

34236

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PSD  
NAME DULL, MICHAEL A  
STREET ADDRESS 1815 ROSE ST  
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE VT  
NAME DULL, MARIA P  
STREET ADDRESS 1815 ROSE ST  
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 223 Golden Gate Pt APT A  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 223 Golden Gate Pt. APT A  
CITY-ST-ZIP SARASOTA FL 34236

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)