

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90857 021 ***150.00

DOCUMENT # P99000044680

1. Entity Name
M2 FINANCIAL SERVICES INC.



Principal Place of Business
4668 SUSSEX TERRACE
ORLANDO FL 32811

Mailing Address
4668 SUSSEX TERRACE
ORLANDO FL 32811



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1803 Parks Center Dr

Suite, Apt. #, etc.

Suite 111

City & State

Orlando, FL

Zip

32835

Country

3. Mailing Address

6546 Grosvenor Lane

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

4. FEI Number **59-3575851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRILL, MICHAEL J

4668 SUSSEX TERRACE
ORLANDO FL 32811

6546 Grosvenor Lane
Orlando, FL 32835

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P MERRILL, MICHAEL J	<input type="checkbox"/> Delete
STREET ADDRESS	4668 SUSSEX TERRACE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	P Merrill, Michael J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6546 Grosvenor Lane	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03

Date

(407) 291-1210

Daytime Phone #

CR2E034 (10/02)