

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059210

1. Entity Name

M & M DEVELOPMENT SERVICES, INC.

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

05-01-2000 90376 013 ***150.00

Principal Place of Business

Mailing Address

343 MOUNTAIN DR.
DESTIN FL 32541

~~343 MOUNTAIN DR.~~
DESTIN FL 32540-1027

2. Principal Place of Business

343 Mountain Dr.

3. Mailing Address

PO Box 772

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59- 3602970

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32540

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYATT, MICHAEL T
343 MOUNTAIN DR.
DESTIN FL 32541

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Michael T. Wyatt
991 Shalimar At. Dr.
Shalimar, FL. 32579

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 T. Wyatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 2000
Daytime Phone #

850 650 1023

CR2E034 (9/99)