

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 12 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060276

1. Entity Name

First M-CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 TURNER ST.

Suite, Apt. #, etc.

3. Mailing Address

218 W. ILLINOIS AVE

Suite, Apt. #, etc.

SUITE 100

City & State

CLEARWATER, FL

City & State

MIDLAND, TX

4. FEI Number

59-3586172

Applied For

Not Applicable

Zip

33756

Country

PINELLAS

Zip

79701

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUSAN MINKOFF

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

301 TURNER ST

City

CLEARWATER

FL

Zip Code

33756

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P

Minkoff, David

same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP

Minkoff, Susan

same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/02)

Perfectly
BALANCED
BOOKS



Complete Accounting Services

October 1, 2003

Florida Department of State
Division of Corporations
PO-Box 6327 -
Tallahassee, FL 32314-6327

RE: Document # P99000060276 - First M-Corp.

Dear Sir or Madam:

Enclosed please find 2003 Uniform Business Report for the above company.
We did not get the original form so we pulled it from the internet.

It came to our attention recently that the original was not received and it is past-due. We are therefore also enclosing payment for the initial \$150.00 that is due. We respectfully request that the penalties and interest be abated as we did not receive the initial document.

Thank you for your consideration. Please respond to the address listed below.

First M-Corp.
c/o 611 Druid Road E., Ste. 403
Clearwater, FL 33756

Very Truly Yours,

Sandra Simmons
Account Representative

Perfectly Balanced Books
727-445-9707