

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066398

1. Entity Name

M & M OF NORTHWEST FLORIDA, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90059 011 ***150.00

Principal Place of Business

58 SUNFISH STREET
 DESTIN FL 32541

Mailing Address

58 SUNFISH STREET
 DESTIN FL 32541

ADDITONAL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3695 Scenic Hwy, 98 ↑

City & State
 Destin, FL

Zip
 32541

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 5523

City & State
 Destin, FL

Zip
 32540

4. FEI Number

59-3592228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAI, MARK
 58 SUNFISH STREET
 DESTIN FL 32541

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.

SIGNATURE

Mark Mai

Mark Mai

9/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 MAI, MARK
 58 SUNFISH STREET
 DESTIN FL 32541 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Mai

9/10/00

(850)

Daytime Phone #

585-7426

CR2E034 (5/00)

Attachment
#P99000066398

A0077690

9/10/00

Ladies & Gentlemen

I never recieved the 1st notice,
and I was told by your office
by phone today to advise you of
this fact. I was instructed to
send in \$150.00 check enclosed.

Thank You
Mark Mai
Mark Mai