## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State P99000076898 DOCUMENT # 1. Entity Name 05-08-2002 90164 009 \*\*\*150.00 M & D REALTY INVESTMENTS, INC. Principal Place of Business Mailing Address 925 BAYSIDE BLUFF RD. 925 BAYSIDE BLUFF RD. JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3597959 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TANTON, DANNY D Street Address (P.O. Box Number is Not Acceptable) 925 BAYSIDE BLUFF RD. JACKSONVILLE FL 32259 Zip Code City FL 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition Change ☐ Delete TITLE TITLE NAME TANTON, DANNY D NAME STREET ADDRESS STREET ADDRESS 925 BAYSIDE BLUFF RD CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE **X** Change TITLE NAME NAME BIRDWELL MATT D 545 N Bridgestone Ave Jacksonville FL 32259 STREET ADDRESS STREET ADDRESS 7769 PEPPER CIRCLE W CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32244 ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

CR2E034 (9/01)

Danny DTanton, Pres. 4/23/02 SIGNATURE:

all other like empowered.

13. I hereby certify that the information supplied w indicated on this report or supplemental report the corporation or the receiver or trustee

changed, or on an attachment with a

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

t 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 npowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if