

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098597

1. Entity Name

M2 MARKETING CORPORATION

FILED

Apr 25, 2001 8:00 am  
Secretary of State

04-25-2001 90008 034 \*\*\*150.00

Principal Place of Business

234 NASSAU ROAD  
WINTER HAVEN FL 33884

Mailing Address

234 NASSAU ROAD  
WINTER HAVEN FL 33884

2. Principal Place of Business

11020 NW 58th TERR

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL 33178

City & State

Zip

33178

Country

Zip

Country

4. FEI Number 59-3217913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, FRED G JR.  
234 NASSAU ROAD  
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name  
DONNA L. MULLINS

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

11020 NW 58th TERR

City  
MIAMI

FL

Zip Code  
33178

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

*Donna L. Mullins*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/01

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MULLINS, DONNA L  
11020 NW 58TH TERR  
MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MULLINS, FRED G III  
11020 NW 58TH TERR  
MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MULLINS, FRED G JR.  
234 NASSAU ROAD  
WINTER HAVEN FL 33884 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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  
STREET ADDRESS  
CITY-ST-ZIP  
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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

*Donna Mullins* Donna Mullins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01

Date

Daytime Phone #

CR2E034 (10/00)