

FILED
Jul 18, 2002 8:00 am
Secretary of State

04-08-2002 90066 026 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103243

1. Entity Name

T & M MCMAHON ENTERPRISES, INC.

Principal Place of Business

5147 - 17TH AVE. S.W.
NAPLES FL 34116

Mailing Address

5147 - 17TH AVE. S.W.
NAPLES FL 34116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617149

Applied For

Not Applicable

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

MCMAHON, TAMMIE

5147 - 17TH AVE. S.W.

NAPLES FL 34116

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, 2002 Fee will be \$350.00
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	PT MCMAHON, TAMMIE 5147 - 17TH AVE. S.W. NAPLES FL 34116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MCMAHON, MICHAEL 5147 - 17TH AVE. S.W. NAPLES FL 34116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Tammie McMahon **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 353-3030

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CFR2034 (8/01)

Attachment
Miller and Associates, Inc.
Tax, Estate and Financial Planning Consultants

5125 Castello Drive
Naples, Florida 34103
E-mail: *MillAssoc2@aol.com*

Mc08
Toll Free 1-877-814-3672
941 / 434-8800
Fax 941 / 434-7738

July 11, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: T & M McMahon Enterprises, Inc.
FL Doc. #: P99000103243
EIN #: 59-3617149

Dear Sir/Madam:

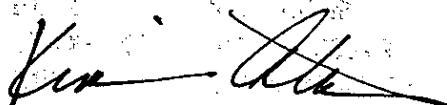
I am writing on behalf of and at the request of our client, T & M McMahon Enterprises, Inc. and its President, Tammie McMahon.

Ms. McMahon has just received the Second Notice regarding payment and filing of her 2002 UBR. She called our office because she had already filed timely. She had also received a notice in April requesting her EIN which she completed and returned. She is not sure, but thinks she might have sent it to the main P.O. Box 6327 instead of P.O. Box 1500. In any event, I called on her behalf today and was told it was never received.

I am enclosing a copy of the form she completed and mailed back. We respectfully ask that any penalties be waived in this instance, as she did not think she needed to send it certified, and has no proof, but she did pay and mail the original timely, and had believed this had been received until she received the second request and I called to see what happened.

We appreciate your consideration in this matter.

Sincerely,



Kim Aton, Associate