2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90177 033 ***150.00

DOCUMENT # S63550

1. Entity Name

M & M SYSTEMS, INC.

Principal Place of Business	Mailing Address
4 W. TOWER CIRCCLE SUITE 201 ORMOND BEACH FL 32174 US	1084 SHOCKNEY DRIVE ORMOND BEACH FL 32174-3325

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4 W. Tower Circle	4 W. Tower Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach, Fl	City & State: Ormond Beach, FL
Zip: 32174 Country: US	Zip: 32174 Country: US

4. FEI Number 59-3072924 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, JOHN H.
1084 SHOCKNEY DRIVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name: ~~John Condoro~~

Street Address (P.O. Box Number is Not Acceptable): 4 W. Tower Cir.

City: Ormond Beach, **FL** Zip Code: 32174

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONDORODIS, JOHN 800 MARVIN RD ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Condorodis, John 4 Poplar Court Ormond Beach, Fl 32174	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VALENTINE, PAUL A. 700 FOREST LANE DELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCCONNELL, JOHN H. 1084 SHOCKNEY DR ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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: ~~John A. McConnell~~ John Condorodis 4/7/00 904/676-15
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #