


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90204 038 ***150.00

DOCUMENT # 551005

1. Entity Name
THE 6-M COMPANY



Principal Place of Business
P.O. BOX 555237
ORLANDO FL 32855-2237

Mailing Address
P.O. BOX 555237
ORLANDO FL 32855-2237



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2473229**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MORALL, BEN, JR.
6266 WHISPERING WAY
ORLANDO FL 32807

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MORALL, DORIS	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORALL, BEN JR.	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORALL, DENIYA	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORALL, WENDELYN	
STREET ADDRESS	3405 SWEETWATER RD APT 423	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALL, MONICA	
STREET ADDRESS	1012 VIZCAYA LAKES RD APT 303	
CITY-ST-ZIP	OCOCHEE, FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALL, BEN III	
STREET ADDRESS	6266 WHISPERING WAY	
CITY-ST-ZIP	ORLANDO FL 32807	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5178 Millenia Blvd., Apt. 307	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4617 Cason Cove Dr., Apt. 926	
CITY-ST-ZIP	Orlando, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris Morall* **DORIS MORALL** **4/28/03** **407-277-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)