

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01206

1. Entity Name

VMM RESOURCES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90214 016 ***150.00

Principal Place of Business

Mailing Address

514 RIVER ROAD
 ORANGE PARK FL 32073
 US

514 RIVER ROAD
 ORANGE PARK FL 32073-3138
 US

2. Principal Place of Business

3. Mailing Address

7827 SPRING BRANCH
 Suite, Apt. #, etc. DRIVE, S.

7827 SPRING BRANCH DRIVE, S.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

4. FEI Number

59-2884704

Applied For

Not Applicable

Zip

Country

32221

USA

Zip

Country

32221

USA

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

MIMS, VIRGINIA M.
 514 RIVER ROAD
 SUITE 9
 ORANGE PARK FL 32073

Name

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

7827 SPRING BRANCH DRIVE, S.

City

JACKSONVILLE

FL

Zip Code

32221

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, 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
 PST
 MIMS, VIRGINIA
 1035 PARK AVENUE STE 9
 ORANGE PARK FL 32073 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 BRANCH
 7827 SPRING DRIVE, S.
 JACKSONVILLE, FL 32221 ☒ Change ☐ Addition
 ADDRESS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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: VIRGINIA M. MIMS, PRESIDENT
 Signature and Typed or Printed Name of Signing Officer or Director

4/26/00 (404) 793-4163
 Date Daytime Phone #

CR2E034 (9/99)