

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008102

1. Entity Name  
MMT TRUST, L.L.C.

Principal Place of Business  
317 S TENNESSEE AVE  
LAKELAND FL 33801

Mailing Address  
P.O. BOX 829  
LAKELAND FL 33801

FILED  
01 JAN 16 PM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROIANO, D.A. TRUSTEE  
317 S TENNESSEE AVE  
LAKELAND FL 33801

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TROIANO, D.A. TRUSTEE  
317 S TENNESSEE AVE  
LAKELAND FL 33801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900003573489-7  
-01/24/01-01087-003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Addition  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jan. 11, 2001 (863) 686-7136

CR2E083 (11/00)