

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90086 046 ***158.75

0632507 AV

DOCUMENT # P01000073906

1. Entity Name

MONEY MARKET MORTGAGE, INC.

Principal Place of Business

**2320 NE 2ND ST., STE. 3A
OCALA FL 34470**

Mailing Address

**2320 NE 2ND ST., STE. 3A
OCALA FL 34470**

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

59-3733617

☒ 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

**CRAWFORD, PATRICIA O
2320 NE 2ND ST., STE. 3A
OCALA FL 34470**

Name **JEFFERSON WALDEN**

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

2320 N.E. 2ND ST. #3A

City **OCALA**

FL

Zip Code **34470**

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 **JEFFERSON WALDEN**
GENERAL MANAGER

Jefferson Walden

9 March 02

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 \$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 **D** ☐ Delete
NAME **CRAWFORD, PATRICIA O**
STREET ADDRESS **2320 NE 2ND STREET, SUITE #3A**
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 registered agent is duly authorized to execute this report and is 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 an other like empowered.

SIGNATURE:

Patricia O. Crawford
PATRICIA O. CRAWFORD, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 March 02 352-239-0682

Date

Daytime Phone #

CR2E034 (9/01)