

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90156 034 ***158.75

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

2613 NE 3RD ST.

3. Mailing Address

2613 N.E. 3RD ST

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

OCALA FL

City & State

OCALA FL

Zip

34470

Country

US

Zip

34470

Country

US

4. FEI Number

59-3733617

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WALDEN, JEFFERSON

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

7. Name and Address of New Registered Agent

Name **WALDEN JEFFERSON**

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

2613 NE 3RD STREET STE. B

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

SIGNATURE **JEFFERSON WALDEN**

Signature, typed or printed name of registered agent and title if applicable.

Jefferson Walden

(NOTE: Registered Agent signature required when reinstating)

Jan 28, 03

DATE

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

11. 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 ☐ Delete
NAME ☐ Delete
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CITY-ST-ZIP ☐ Change ☐ Addition

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: **PATRICIA O. CRAWFORD** *Patricia O. Crawford* **Jan 28-03 352-239-0682**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)