

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059960

1. Entity Name

M & M ENTERPRISES OF LAKE CITY, INC.

Principal Place of Business

2800 U.S. 90 WEST
LAKE CITY FL 32055

Mailing Address

2700 US 90 W
LAKE CITY FL 32055
US

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 59-3194637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOPKINS, JOHN S
10011 NW 50TH TERRACE
GAINESVILLE FL 32653

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.

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, 2001 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

TITLE TS
NAME ALVARADO, ABBIGAIL S
STREET ADDRESS RT 17 BOX 1811
CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

TITLE V
NAME WALTRIP, GREGORY S
STREET ADDRESS RT 15 BOX 3092
CITY-ST-ZIP LAKE CITY FL 32024 ☐ Delete

TITLE P
NAME HOPKINS, JOHN S
STREET ADDRESS 10011 NW 50TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 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:

JOHN S. HOPKINS, PRESIDENT

MARCH 28, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0448350

CR2E034 (10/00)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90113 005 ***150.00

C0041296



DO NOT WRITE IN THIS SPACE