## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P93000059960

Entity Name: M & M ENTERPRISES OF LAKE CITY, INC.

( ) Delete

HOPKINS, JOHN S

Title:

Name:

FILED Jan 18, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2800 U.S. 90 WEST LAKE CITY, FL 32055 **Current Mailing Address: New Mailing Address:** 2700 US 90 W LAKE CITY, FL 32055 US FEI Number: 59-3194637 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOPKINS, JOHN S 10011 NW 50TH TERRACE GAINESVILLE, FL 32653 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition ALVARADO, ABBIGAIL S STUART, ABBIGAIL Name: Name: RT 17 BOX 1811 RT 17 BOX 1811 Address: Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: LAKE CITY, FL 32055 Title: Title: () Delete () Change () Addition WALTRIP, GREGORY S Name: Name: RT 15 BOX 3092 Address: Address: LAKE CITY, FL 32024 City-St-Zip: City-St-Zip:

Address: 10011 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Address: 10011 NW 50TH TERRACE
City-St-Zip: GAINESVILLE, FL 32653

GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

SIGNATURE: ABBIGAIL STUART TS 01/18/2002

(X) Change ( ) Addition

HOPKINS, JOHN S