

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001191

1. Entity Name

M & M PETROLEUM, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90143 010 ***150.00

Principal Place of Business

8000 JACK JAMES DR.
STUART FL 34997

Mailing Address

2944 NE ROSETREE DR
JENSEN BEACH FL 34957-4757
US

2. Principal Place of Business

2944 NE ROSETREE DRIVE

3. Mailing Address

SAME -

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JENSEN BEACH, FLORIDA

City & State

4. FEI Number

65-0546698

Applied For

Not Applicable

Zip

Country

Zip

Country

34957

MARTIN

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

STEVENSON, ROBERT
2944 NE ROSETREE DR.
JENSEN BEACH FL 34957

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	STEVENSON, ROBERT	
STREET ADDRESS	2944 ROSETREE DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	STEVENSON, TERESA	
STREET ADDRESS	2944 ROSETREE DR.	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, TERESA	
STREET ADDRESS	2944 ROSETREE DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FLA 34957	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENSON, MICHAEL	
STREET ADDRESS	14 Abingdon St.	
CITY-ST-ZIP	MORRIS PLAINS, N.J. 07950	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, ROBERT	
STREET ADDRESS	2944 ROSETREE DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FLA 34957	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ROBERT STEVENSON, Sec/Treasurer

1/9/00

561 2253686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)