DOCUMENT # P95000047121

1. Entity Name

MMT TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

12202 BIG BEND ROAD RIVERVIEW FL 33569

12202 BIG BEND ROAD RIVERVIEW FL 33569-6911

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Apr 06, 2000 8:00 am Secretary of State



TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VP D LETCHER, OTHO N JR STREET ADDRESS CITY-ST-ZIP TITLE VP D LETCHER, TIMOTHY D LE	City & State		City & State			4. FEI Number 59-3317607			_ 	pplied For ot Applicable
FLETCHER, OTHO N JR 12202 BIG BEND ROAD RIVERWEW FL 33589 City FL Zip Codo City Fl City F	Zíp	Country	Zip .	Zip Coun		5. (Certificate of Status Desired			
FLETCHER, OTHO N JR 12202 BIG BEND ROAD RIVERWIEW FL 33569 6. 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, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE Signature, finds or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or registered agent, or both, in the State of Florida. SIGNATURE or or or registered agent, or reg		6. Name and Address of Current	Registered Agent	,,		~~~ 7. N	Name and Address of New Re	gistered A	gent 🔭	
1. OFFICERS AND DIRECTORS 1. 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 9. This corporation is eligible to satisfy its Intangule Tay the Intangule Tay thing requirement and elects to do so. (See criteria on back) 1. OFFICERS AND DIRECTORS 1. OFFICERS AND DIRECTORS IN 11 1. OFFICERS AND DIRECTORS 1. OFFICERS AND DIRECTORS IN 12 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 2. OFFICERS AND DIRECTORS IN 12 3. OFFICERS AND DIRECTORS IN 12 4. OFFICERS AND DIRECTORS IN 12 5. OFFICERS A					Name					
B. 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 Signanum, byest or private name of registered agent and tall it applicable. (NOTE Registered Agent in gradulus required whose revisions) DATE	12202 BIG BEND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature Types or printed rame of registered appet and time if applicable. (NOTE: Registered Agent's sgrature required whom remissions) DATE	****				City			FL	Zip Cod	e
SIGNATURE Signature Signa	• The above	named actity submits this statement for	or the nurnose of changing	its register	ed office or regis	tered ag	ent, or both, in the State of Flor	rida.		
Signature. Typical or printed mane of registered agent and tile 4 applicable. (NOTE: Registered Agents registered registe	o. The above	married entity subtrites this statement is	or the purpose of ondriging	to register	os omes er regre		only or Borry with a state of the			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (Make Check Payable to Department of State) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD FLETCHER, OTHO N JR 12202 BIG BEND ROAD RIVERY FLET IS 3569 TITLE VP D Delete TITLE NAME SIRRET ADDRESS CITY-ST-2P TITLE NA	0.01)
Tax filing requirement and elects to do so. See criteria on back See cri	SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (N	IOTE: Registere	ed Agent signature requ	ired when re	einstating)	DATE		
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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			N. 11 . 12 . 12 . 12 . 12 . 12 . 12 . 12			Castle	110.07(2)(i) Florido Statutos	I further cor	tify 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.